SALIS Symposium

The Dissemination of Information Between Nations

Editors

Bette Reimer
Pat Leginsky

SALIS
Substance Abuse Librarians and
Information Specialists

AADAC
Alberta Alcohol and Drug Abuse Commission
An Agency of The Government of Alberta

OSAP
OFFICE FOR SUBSTANCE ABUSE PREVENTION

SALIS Symposium

The Dissemination of Information Between Nations

A Support and Link to Activities in the Alcohol and Drug Field

Proceedings of the Substance Abuse Librarians and Information Specialists Symposium held in Edmonton, Alberta, Canada, November 2 to 6, 1987

Editors

Bette Reimer
Pat Leginsky

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Special appreciation goes to Bob Denniston of the Office for Substance Abuse Prevention for funding a number of people to attend the symposium and for generously providing for the transcription of the presentations and discussions.

The importance of the support of the SALIS executive cannot be emphasized enough. During the initial stages, the executive enthusiastically endorsed the concept of the symposium and thus significantly eased the planning.

And, finally, thank you to Pat Leginsky for her expertise and dedication in the editing of these papers, to Polly Mitchell for her adept data entry and her persistence with the laser printer and to Mark Dutton and Neil Lazaruk for the cover design.

Bette Reimer
Chair, '87 SALIS Symposium

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Preface

The concept for this symposium evolved over approximately a year, starting with one idea which developed into more ideas and culminated in the actual event in November 1987. Along the way, some concepts took precedence over others but always two main themes held fast: the need to document the activities of the information profession and to increase the international flow of information in the alcohol and drug field.

The original idea for the symposium was to raise the profile of the information sector by explaining how librarians and information specialists, libraries, information services and systems support the activities and serve as a communications link between the other professions at work in the interdisciplinary field of alcohol and drugs. Even though this concept was the original concept, in retrospect it has become clear that when the symposium title was created, the emphasis had changed. "The Dissemination of Information Between Nations: A Support and Link to Activities in the Alcohol and Drug Field" reveals the exchange or dissemination of information between countries had become the main theme. The support and communications link concept had become the subtitle. The thinking had shifted from "what is" to "what could be". The need for improved international information exchange became the ultimate goal of the symposium. The endorsement of the importance of international information exchange would result in increased support to the activities of the rest of the field.

As this concept evolved, two new areas emerged: the information needs of developing countries and the lack of access to the "fugitive" literature, those documents which don't appear in the existing scientific literature, commercial databases or trade publishers' catalogues. The fugitive literature, even though immensely valuable in the development of policies and programs, is aptly named. If the existence of these documents is known at all, they are extremely difficult to track down.

Through the papers which were presented, the symposium documented the state of information in the alcohol and drug field and went on to offer suggestions and strategies for future action. A more systematic approach to the international exchange of information and the necessity to address the information needs of developing countries became prevalent topics in both the presentations and discussions. The fugitive literature was singled out as needing attention.

Specific strategies, both short and long-term, were suggested, discussed and adopted. The strategies are now being developed. The short-term projects of a guide for the establishment of information centres in developing countries and of twinning an information centre in a developing country with a library in a developed country will serve as building blocks to the long-term project of an international cooperative information system. This system will collect and disseminate the fugitive literature and will be developed with special consideration for the needs of developing countries. The agenda is moving forward.

Bette Reimer
Chair, '87 SALIS Symposium

Summary

Librarians and information specialists met in Edmonton, Alberta, Canada, for the SALIS Symposium, November 2-6, 1987. The purpose of the symposium was improved international information exchange, with particular emphasis on the information needs of developing countries and the role of SALIS members. The keynote address, five major papers and the panel presentations are recorded in these proceedings.

Marcus Grant, of the World Health Organization (WHO), provided the keynote address entitled "Meeting the Needs of a Changing World." He explored three questions: How is the world changing? What are its needs? and How can we hope to meet these needs?

He argued that the increased use of psychoactive substances, changes in the conceptual frameworks used to describe psychoactive substances and rapid technological change are indicators of a changing world.

Amid this change, Member States of WHO have set the goals of health for all by the year 2000 and national alcohol and drug policies in one half of all countries by 1995. Mr. Grant emphasized that an adequate information base is the key to the successful implementation of global, regional and national health for all strategies. He stated that we cannot achieve the goal of having national alcohol and drug policies without an adequate information base relevant to the countries creating these policies. Such an information base will not only facilitate planning and policy development, but it will also inform countries without policies and programs that they will gain something by

introducing them.

This assertion echoed one of the agreements reached at the meeting of heads of major alcohol centres in Aukland, New Zealand in March, 1987, wherein the need for a better flow of information was identified as a priority. This group also identified the fact that much of the key literature in this area consists of fugitive materials, such as government reports and evaluations of programs that do not appear in the formal scientific literature nor are they published elsewhere.

Mr. Grant stressed "somehow we've got to think of ways of ensuring that fugitive literature, literature that doesn't fit neatly into the classification systems, is made more accessible to people." SALIS and WHO, working cooperatively, could establish a method that ensures accessibility to these materials for people around the world. He called for SALIS members to take an active role in this process.

Penny Page, from Rutgers Center for Alcohol Studies, described the "Fit of the Information Sector in the Alcohol and Drug Field." By reviewing how the information sector has evolved during the decades of modern alcoholism and the drug movement, the importance of its role became obvious. The information sector was viewed as the cog that holds the wheel together.

Ms. Page, not unlike Marcus Grant, stated that librarians and information specialists fail to assert themselves. Energies are invested in the custodial and dissemination responsibilities, but the role of teacher and advocate remains undeveloped. Because of the expansion of research and information, there is a growing need to control and organize information. Information specialists and librarians need to take an active role in this work.

Drawing from the diffusion and social marketing literature, Robert Denniston, from the United States Office for Substance Abuse Prevention, discussed the interplay between theory and practice when designing a plan for the dissemination of alcohol and drug information. These ideas can help information specialists and librarians formulate specific plans for action.

David Archibald, in his role as Chair of a special task force for Health and Welfare Canada, described the Canadian National Drug Strategy, which will coordinate demand and supply side approaches. The goal is to reduce the harm caused by alcohol and drugs. National Drug Strategy initiatives are designed to foster education and prevention strategies and coordinate and strengthen enforcement efforts. Dr. Archibald stated that "if we're going to develop a comprehensive, coordinated, well-developed, collaborative program, we're going to need a solid information base." He stressed that the contribution of librarians and information specialists is absolutely crucial to help achieve this goal.

Dr. Archibald, as President of the International Council on Alcohol and Addictions (ICAA), invited SALIS to form a special section of the organization. He mentioned that ICAA has programs that have been going on for a number of years, financed primarily through the United Nations Fund for Drug Abuse Control, but also through the Canadian International Development Agency. He stressed that the development of good library resources is fundamental in the developing countries where these projects are located.

Shifting the focus slightly from the national and international arena to that of individual users of information, Edward Sawka and Robert Kenyon, from the Alberta Alcohol and Drug Abuse Commission, discussed their information needs as researchers. By virtue of the multidisciplinary nature of the alcohol and drug field and the quantity of fugitive literature, fragmentation of the information base is inevitable. This fragmentation is the bane of researchers who need to obtain a critical report to shed light on a decision. Addiction agencies and libraries need to seek unconventional ways to make this information more accessible.

Many of the challenges facing librarians and information specialists were articulated, and their role was broadly defined to include advocacy. SALIS had come of age.

Linda Scott, also from the Alberta Alcohol and Drug Abuse Commission, accepted this new found identity of SALIS by introducing a cooperative international information system as a vehicle for the international dissemination of information. She described a system which could serve both developing and developed countries. Drawing upon the experiences of other international information systems, many potential barriers could be anticipated and sidestepped. Ms. Scott stated that SALIS should undertake this project and proceed by first moving toward a spirit of cooperation and innovation and by investigating international organizations that would support such a system.

The papers from the panel of six SALIS members, who described how information is organized in their respective nations, are included to provide further detail about the state of information in the alcohol and drug field.

Marcus Grant offered SALIS members a challenge to work with WHO to find a mechanism to ensure that information is better used around the world for policy development and program implementation. He urged SALIS to find a method of offering support to information centres in developing countries. SALIS members have taken up the challenge which is reflected in the following resolutions and projects.

Resolutions:

1. SALIS will continue to assume a leading role in the international exchange of information in the alcohol and drug field. To this end, SALIS supports the need to systematize the international exchange of information. SALIS recognizes the importance of the consideration of the information needs of developing countries in this endeavor.
2. SALIS will actively pursue the support and collaboration of national and international agencies to ensure a systematic method of information exchange is established.
3. SALIS will continue to campaign actively to increase its network, particularly with respect to representatives from developing countries.
4. SALIS will adopt a strong advocacy position and will lobby to raise the awareness of the other sectors (policy; treatment; prevention; education; research) to ensure adequate attention is given to the needs of the information sector.

Short Term Projects:

1. SALIS will produce a "how-to" brochure for the establishment of alcohol and drug information centres in developing countries.
2. SALIS will develop a conceptual framework for a "twinning" arrangement which would provide a mechanism for libraries in developed countries to provide assistance to information centres in

developing countries.

3. SALIS, in partnership with WHO, will distribute WHO publications, catalogues and materials that pertain to alcohol and drugs.
4. SALIS will expand membership by inviting special interest groups to be formed in Australia, South Pacific and Southeast Asia.
5. The Canadian Special Interest Group (SIG) of SALIS will make a formal recommendation for a national information system to the Canadian National Drug Task Force.

Long Term Projects:

1. A model will be developed for a cooperative international information system for the fugitive literature in the field of alcohol and drugs. Special consideration will be given to developing countries in the creation of this model.
2. A thesaurus committee was established. The long term goal of the committee will be to develop a comprehensive alcohol and drug thesaurus.

Opening Addresses

Opening Remarks

Bette Reimer

Chair, SALIS Symposium
Alberta Alcohol and Drug Abuse Commission, 7th Floor,
10909 Jasper Avenue, Edmonton, Alberta, Canada
T5J 3M9

The title of this symposium is "The Dissemination of Information Between Nations: A Support and Link To Activities in the Alcohol and Drug Field." I wrote those words about eight months ago, and at the time I liked the way they sounded. Since then I have become rather tired of them. Every time I look at them, I think, "Why did I ever settle on those words?" However, I'm not tired of the concept; I still feel very, very strongly about the concept.

Over the next few days, we will be listening to presenters and participating in discussions which will focus on the role of librarians, information specialists and information scientists in the interdisciplinary field of alcohol and drugs. Not only will we be talking about specific information gathering and disseminating techniques in our own countries, but we will be talking about tactics that we can consider and perhaps implement to share information between countries. We will be looking at how the activities of the information profession support the activities of the other professions in the alcohol and drug field such as researchers, program planners, policy makers and counsellors. We will be examining how we provide a communications link between the different sectors. We are going to be talking about a lot more than the best way to arrange a book on the shelf or the best way to police the lending of that book.

At this point in time, we have the capability of really broadening our initiatives. I think we are at a very opportune moment. We have in SALIS a firmly grounded international cooperative network. We also have the technology today which allows us to take ideas that ten years ago might have been merely pipe dreams and translate them into solid, tangible strategies and systems. So, the technology exists and SALIS exists. One of the key components for our success is cooperation.

We have a number of different professions represented here today, and I know we can look forward to some productive and interesting discussions. Some of the presenters are going to be making suggestions. I'd like the SALIS members to think about some of those suggestions, because we're going to be voting on them, or at least discussing them, in the business meeting. And to those policy makers who are present here today, you will be hearing from us again.

Greetings from SALIS

Virginia Rolett

Chair, Substance Abuse Librarians and
Information Specialists
Project Cork Resource Center, Dartmouth Medical
School, Hanover, New Hampshire, USA 03756

On behalf of SALIS, I want to welcome you to our ninth annual conference and symposium. It's a pleasure to be here in Edmonton, in this spacious, streamlined and wonderfully friendly city. Speaking from just 36 hours experience, Edmonton's hospitality more than compensates for its cold winds. That's an accomplishment most U.S. cities can't claim.

We're pleased and proud to have brought together today members from Sweden, Great Britain, Australia, Canada, both coasts of the United States, the Midwest, and even Alaska. A special welcome to members of the National Prevention Network and all of the AADAC and Edmonton folks who are joining us for these sessions. It's a pleasure to have you here. We hope you will enjoy taking part in the symposium and find it stimulating.

This is SALIS's ninth year and we appear to be precocious for our years. We've definitely left our childhood and even our adolescence behind us. We've achieved adulthood with the sponsorship of this symposium and the publication of the fourth edition of our SALIS directory. If you're not already a SALIS member, do go out and pick up a cobalt blue membership brochure in the display area next door. Read it, and think about joining us.

We're an international organization of members interested in substance abuse library and information services. We work in hospitals, treatment centres, research centres, academic institutions, industry, and voluntary organizations. We're tackling an ambitious agenda here today, and we're pleased that you're all here to help us.

Welcome to Alberta

Stan Nelson

Chairman
Alberta Alcohol and Drug Abuse Commission, 6th Floor,
10909 Jasper Avenue, Edmonton, Alberta, Canada
T5J 3M9

I'm pleased to be here this morning on behalf of the Province of Alberta, and as Chairman of AADAC to extend a warm welcome to delegates to this symposium. I'm aware that a number of you have traveled from afar, and in fact, I know of one from Australia.

I just want to make a side comment. I lived in Australia for eight years, so Australia has a special spot in my heart. I certainly do give you a special welcome to the Province of Alberta, and particularly to Edmonton.

I'm gratified to be here as this is SALIS's ninth meeting and the first time such an event has been held in Alberta. AADAC is certainly proud to be part of and host to the symposium.

In looking over the program that has been ably arranged for you by Bette Reimer and the symposium planning committee, I see that you have some very interesting sessions ahead of you. The selection of topics is impressive, and certainly brings home for me how much information and information dissemination have become the products of the 1980s.

As an elected member of the Legislature of the Province of Alberta, and as Chairman of an addiction agency, having ready access to reliable, complete, and up-to-date information is vital for the execution of my duties. I suspect that although the specific nature of my information needs may be different than those of others, I am not alone in needing current and complete information and in needing it yesterday. This would be true whether I were a teacher, lawyer, nurse, farmer, or an addiction specialist. The need for information is indeed almost universal. This need can present particularly unique challenges in a field such as the one you are here to discuss this week.

As I have found since coming to AADAC, the addiction field includes a great variety of areas ranging from the medical and psychological to law enforcement, education, treatment, and recreation. As substance abuse librarians and information specialists, you are in a unique position to contribute to activities in the alcohol and drug field. This certainly includes crossing not only the national-international boundaries that this symposium is designed to address, but also professional and interdisciplinary boundaries. This is no small challenge, but one which must be met in order for meaningful advances to take place in a field where increasing demands are being placed on available resources. Your role in the support of information dissemination, particularly international, is a vital one. I know that your discussions and deliberations will be thought-provoking, challenging, and certainly, lively. I look forward to seeing the suggestions and recommendations that come out of this symposium.

I would just like to make a side note here that we hope you are able to return to Alberta and particularly to Calgary in February for the XVth Winter Olympic Games. We would certainly like to see you there. Again, welcome to Alberta and best wishes for a successful symposium and those of you who leave us after this, a safe journey to your home.

Introduction of Keynote Speaker

Jan Skirrow

Chief Executive Officer
Alberta Alcohol and Drug Abuse Commission, 6th Floor,
10909 Jasper Avenue, Edmonton, Alberta, Canada
T5J 3M9

It's a pleasure to be here this morning to take part in the opening of this event and to introduce your keynote speaker. Although I have been aware of Marcus Grant's existence for some years, and certainly aware of his work, it's only within the last few years that I've gotten to know this man. There are a few things about him that characterize him.

First of all, he's a man of style. In fact, I would almost say panache. Those of you who are involved in the international scene recognize it as an extremely conservative, drab, sedate, dare I say, dull and gray, kind of community. I found Marcus a welcome change from that sort of style. He has energy, enthusiasm, and as you will see, he has colour.

Marcus is a great communicator. He has a love of language, and he is very sensitive to the use of language. He has a fluency that you will be exposed to a little bit later this morning. He has a fluency and ability with language that betrays an education that is difficult to get in this country. One more easily obtained in the British Isles. His sensitivity to language, I think, combined with a pride of ancestry has occasionally led him to correct people in the use of one particular word. He has corrected me on several occasions. He will point out that scotch is a very nice drink indeed, but that a Scot is something else again, entirely. So be careful.

I think that the other thing that characterizes Marcus is that he is persistent, tenacious, and dedicated. He loves enormous tasks. It took an electric drill, an electric saw, and a cutting torch to get him to Edmonton. I'm not going to say anything more about that. He may wish to explain in his remarks, but his love of enormous tasks, I think, can be best demonstrated by the fact that he is responsible for alcohol and drugs for the world. He does with one other staff person what we attempt to do in Alberta with many more staff than that. So he clearly is not daunted by even the most substantial sort of undertaking.

Marcus was born in Scotland. He went to school in Inverness, Edinburgh, and Paris, and attended university at Pembroke College, Cambridge, where he read English literature. In 1973 he joined the Alcohol Education Centre in London and subsequently became its director. That centre was responsible for the national coordination of postqualification training on alcohol and drug problems for health and social services staff. During this period, he served as the chairman of the Alcohol Education Section of the International Council on Alcohol and Addictions. He had worked for WHO, the World Health Organization, as a consultant in their regional offices in both Copenhagen and Manila, and he joined the headquarters staff in Geneva in 1984. He's now responsible for the global program on the prevention and control of alcohol and drug abuse. He has written widely in the areas of alcohol education and training, prevention, public policy and social policy. I was very fascinated to learn that he also has written a variety of film and television scripts and publishes novels under a pseudonym which he won't tell me. Anyway, perhaps he will send me an autographed copy of one or more of his publications at some point.

I think that Marcus is a particularly appropriate keynote speaker for this event. He has an infinite mandate, and he has minuscule resources. I think that requires that he achieve his ends largely through other people and through other organizations. He's very dedicated to bringing people together to work towards common global ends. I think SALIS is very important to that effort. I know that Marcus agrees, and I ask you to join with me in welcoming Marcus to this event.

Major Papers

Meeting the Needs of a Changing World

Marcus Grant

World Health Organization, Division of Mental Health, CH-1211 Geneva 27, Switzerland

First of all, I would like to say how delighted I am to be here. I have long been an admirer of SALIS. I haven't known of its existence throughout its entire nine years, but ever since I've known of its existence I've been a great admirer, not just of its potential, but of its performance. I am, therefore, extremely grateful, indeed honored, to be asked to come here.

Because of the length of time that elapsed between accepting the invitation and coming, I find myself committed to a title that I chose for myself but which is dreadfully pretentious: Meeting the Needs of a Changing World. I thought the title was suitably vague and suitably grandiloquent when I invented it, but when I came, as I had to come eventually, to producing at least an outline of what I was going to say, I felt this awful sense that a yawning gulf was opening beneath my feet. "Meeting the Needs of the Changing World," I thought, "what on earth can I say about that?" So I looked at it carefully and I thought that there are three key questions involved, if I'm really going to speak about this topic.

The first is: is it actually a changing world? If it's a changing world, how is it changing? Secondly, what are its needs? Who defines the needs? What are they? And thirdly, how can we, the people gathered here today, hope to meet those needs and in what ways? Simply, three questions: How is the world changing? What are its needs? How can we hope to meet them?

So I am going to try to address each of these, the first two more briefly, I hope, than the third. Let's say a little bit first of all about the changing world. I don't, of course, mean the changing world in the broadest sense. I'm talking specifically about the area in which we are involved: the area of psychoactive substances. It's clear that there are changes in the trends in the use of psychoactive substances. I say it's clear, but I'm not really sure, having said that, how clear it is. This is one of the flags that I'd like to put up in terms of information systems.

Three weeks ago I was at a meeting in Lyon, sponsored by the International Agency for Research on Cancer. They have a series of monographs looking at the carcinogenic risks to humans of a variety of substances. They looked principally at chemicals that are used in industrial processes, and many national legislations base their restrictions on the use of different chemicals on the recommendations of the IARC. This meeting was a little different in that they were looking at alcohol and alcoholic beverages to assess their carcinogenicity. I was responsible for the section of the monograph that looked at trends in worldwide use, trends in production, and substances other than ethanol in alcoholic beverages. And when I was briefing the people who were writing papers for those sections, I thought how very difficult it was, even looking at a single substance, like alcohol, which in most countries of the world is a legal substance and on which governments are rather interested to gather data because of the revenue implications. Even for that one substance, it was extremely difficult to get good data on worldwide trends in consumption and production.

I shouldn't have been surprised since, only three years before, I had been involved with an economist from the Republic of Ireland in trying to put together a WHO report on the public health implications of trends in alcohol production. But I had forgotten. It only takes a couple of years of not looking at something to forget just how shoddy data can be. It was extremely difficult to obtain this kind of information for this meeting which apparently this group had no difficulty putting together for substances like asbestos, or even acetaldehyde. So my first thought was, although we can talk about trends in the use of psychoactive substances, very frequently our data are going to be rather poor. If it's true for alcohol, a substance which is by and large legal, then how much more difficult is it going to be when we're dealing with substances which, in many countries and most administrations, are illegal. If we're talking about substances like cocaine or heroin, then of course the difficulty in obtaining data that are going to be of any use at all for forward planning will become much, much greater.

So, we know that there are demonstrable trends in the use of psychoactive substances. We think we know that these are increasing on a global scale, and that the increases may be much greater in some sections of populations and in some parts of the world than others. But any hard scientist looking at the basis on which we make those descriptions of trends would be extremely aghast at the poverty and unreliability of the data on which they are based. So, yes it's changing, but really, we don't know how it's changing. We think it's going up. We think there's a lot more of it about, but we don't quite know where, how, why or when.

That's not the only change that's relevant to us. I think there are profound changes in the conceptual frameworks which we use to describe psychoactive substances and the responses that we're offering to the problems which arise as a result of their use.

Let me deal with a conceptual framework issue, first of all. I'll say a little bit, later on, about what WHO is and how it relates to this field. But let me just mention one broad responsibility that WHO has. We have a responsibility to receive from all Member States, and that means in effect from every country in the world, data on a regular basis on mortality and morbidity, from all causes. Now, the mechanism that is used for collecting those data is the International Classification of Diseases. We're currently producing the tenth revision to the International Classification of Diseases. Unlike some of its predecessors, ICD-10 is meant to last well beyond the turn of the century. It's meant to last until about the year 2010. In fact, there's even a suggestion that there will be no more ICD's; that ICD-10 will be it, and there will simply be minor revisions to it. Therefore, the process of determining the categories to be included in ICD-10 becomes a very important one. The categories will provide the framework within which people will be reporting mortality and morbidity, and also will be conceptualizing particular disease domains. I was responsible for coordinating the consultation processes that went into the chapter of ICD-10 that deals with psychoactive substance use disorders. Although it may sound like a rather bureaucratic task, I think it's one of the most important tasks

I've had since joining WHO four years ago.

We were faced with a fundamental choice. ICD-10 uses an alphanumeric system. It has a number of little codes and you can go on multiplying the number of digits you want to use indefinitely. The reality is, however, that many countries, particularly developing countries, will only report using the first three digits. Therefore, we had to pack into those first three digits the maximum amount of information.

We lost our first two digits in simply saying, this is a disorder related to the use of a psychoactive substance. In effect, we were left with one space to do all remaining coding that we could be sure of getting from all countries. We were also constrained by the fact that it had to be a number, and not an alphabetical letter at that point. Therefore, we had potentially ten digits. We had to keep one digit for unspecified and other. So we were down to nine digits, in order to gain the maximum information we could from every country. So the fundamental choice we had to make was, do we use that one digit to specify the substance or do we use that one digit to specify the disorder? Or do we use a kind of hybrid system in which we allocate half the digits to alcohol because it's the most important drug and the other half for the rest. And that's a very difficult choice to make.

In the past the tendency has been to use all available digits to specify disorders so that we would want to say, was this person suffering from alcohol dependence? Was this person suffering from intoxication? Was this person in a withdrawal state? Does this person have a substance-induced schizophrenic disorder? These were traditionally the ways in which that final digit was used. We made, I think, a radical decision or a radical proposal, since it still has to be confirmed. The radical proposal was that from a public health point of view it is far more important to know that suddenly in a country, people have got things wrong with them that relate to, let's say, cocaine, which weren't there before, than it is to know that some of them have withdrawal fits.

To know about the substance that is causing the disorder, whatever the disorder is, is far more important than knowing in medical terms the precise nature of the disorder. Consequently, we proposed that the third digit be devoted to specifying the substance. The ICD system has subsequently been frozen and is out being field tested.

Now, I've dwelt a little on this because, here too, you can see how an information system, a very particular information system, if you conceptualize it in a particular way, radically changes the nature of the information you are going to obtain, and the way in which people will start thinking about these problems in the future. So that's the second change that's going on in the changing world.

I don't know how many people here had the privilege of attending the three-ring circus in Vienna earlier this year, that was called the International Conference on Drug Abuse and Illicit Trafficking. I had that privilege and I was very struck by a number of things at that conference. One of them that I think I'll mention here that's most relevant, was that there were 138 Member States present at that particular conference; most of them represented by a minister of cabinet rank. Of those 138, only 16 were ministers of health. I find that very interesting. This is a conference on drug abuse and illicit trafficking. Drug abuse, I would conceptualize as being a health and social problem. Illicit trafficking, I grant you, is probably not a health problem. But it's interesting where the emphasis was put by Member States: 16 out of 138. The others were ministers of defense, ministers of justice, ministers of the interior, but only 16 ministers of health.

Now, they went to great trouble, of course, in their deliberations to ensure that issues to do with demand reduction were given prominence, as well as supply reduction, but you knew where their real enthusiasm lay. Their real enthusiasm lay in getting faster helicopters, better speedboats, and more efficient customs procedures. And when people started talking about the health consequences of drug abuse, you saw their eyes glaze over. The words were all there, but the enthusiasm was gone.

So there is, I think, a change in the way in which alcohol and drug problems are conceptualized. A change which is not necessarily operating in favour of a group like this. I wonder frankly whether the information that you're all committed to is of great interest to people who want faster helicopters and better speedboats. Decisions can be made about these things without the kind of information that you may be gathering or disseminating. I think we have to look at the nature of the information that's responding to the change and whether, by gathering the right kind of information and disseminating it in the right way, we can actually have an influence.

There's another change which I'm not qualified to speak about because you all know a great deal more about it than I do, and that's change in information technology. I had the privilege to sit briefly on an international advisory panel of INTELSAT, the satellite communication people, and I was just astonished at the things that are possible. You know a great deal more about satellites than I do, and I'm not going to trespass in that area. It is, however, in the terms of this meeting, another profound change that is happening to the world which should not be ruled out.

What are the needs of this changing world? Let me say a little word here about WHO, because I am only going to be talking about a particular set of needs. For those of you who are familiar with WHO, I apologize for the next two minutes or so.

WHO, the World Health Organization, is part of the United Nations. It is a specialized agency of the United Nations. We're responsible for health. We have our headquarters in Geneva, which is where I work. There are six regional offices in Washington, Copenhagen, Alexandria, Brazzaville, Manila, and New Delhi. So it has a global responsibility.

We've a commitment, and when I say we, I'd just like to emphasize something that Jan said at the very beginning. We are nothing. I work in Geneva in a pokey little office where Bette tells me people try to ring me up and there's never anyone there to reply, because we're all off in godforsaken parts of the world and can't answer telephones. I've a budget that is probably smaller than the budget of most of the libraries that are represented in this room, a miniscule budget, a preposterous budget, and somehow I'm meant to hold a program on alcohol and drugs together around the world. Of course, I can't do that. WHO is not me. WHO is its Member States. And the Member States are you. You are WHO. So when I say, WHO has a goal of health for all by the year 2000, we don't. You do. All of you have a goal of health for all by the year 2000. That doesn't mean, of course, that in the year 2000, no one is going to die. No one is going to be diseased. What it means is by the year 2000 people will have access to a level of health care that is appropriate to their needs. Each Member State has national strategies to achieve that goal, and we try and coordinate those into global strategies for health for all.

Again, I'm waving a flag. How on earth could something like health for all be a relevant or viable target to have unless there were adequate information support for it? How do you know what the needs are? How do you know whether your responses to those needs are making any difference? How do you know what is or is not an appropriate level of health care and whether people are going to have it or not? Information is the key to the successful implementation of global and regional and national health for all strategies.

Information is the basis of effective planning, whether that planning occurs locally, nationally, regionally, or globally. Without information, you're not planning, all you're doing is either making guesses or implementing your own prejudices. Of course, it's always fun to implement your own prejudices. But if you're not just implementing prejudices, if you're not just guessing, if you actually are planning, then that requires information and information needs to be as accurate, as comprehensive, as full as it possibly can be.

What does planning actually mean? Planning what? Well, for a start, planning national policies. We just committed ourselves to two targets for the year 1995. The first one is that by 1995 WHO will have done what it can to ensure that at least half the countries in the world actually have national policies and programs on alcohol and drugs as an integral part of their national health systems and where appropriate, national development planning.

Now, that is a very large goal, and very difficult to achieve. We cannot possibly achieve it, without an adequate information base that is relevant to the countries that are going to have these national policies and programs. An information base also encourages those that don't have policies and programs in their own countries to feel they are going to gain something by introducing them.

Similarly, if one just takes a step back from the policy framework and says, O.K., if you want to develop a policy, surely you do that by having a few programs going. Policies don't drop like Newton's apples out of trees. Policies are things that emerge because people feel there's a need, an obligation almost, to have them, and they'll only feel that need if they are doing something already. So maybe what we need good information support for is not national policy development, because that is so grand that we might not get around to it, but simple strategic actions: a health promotion program, improved treatment system, or a national campaign. Any of these, whether on a local level, national level, or beyond, requires support from an information system to enable it to occur, because without that, it is not a planned program. It's simply an event, peeled off the silence, of no great significance, that will return to the silence after it is gone.

So, you ask, how possibly can those of us gathered in this room hope to deal with this complex world and these enormous demonstrable needs? I hope we do it through partnership. I said how little WHO can do. I think I can do a great deal if I can do it with you. I think there's not much you can do if you sit in your libraries and catalogue books and stare at video display units all day. But I think there's an enormous amount you can do if you do it with WHO. So let's just try to talk briefly about what that partnership might look like.

First of all, there are some very specific matters that I think are important and should be brought to your attention. WHO produces an enormous number of publications. This should not surprise you as the nature of bureaucracy is to produce words. Some words are better than others, but we produce a very large number of them. We are committed to producing all those words in English and in French. Many of them we also produce in Spanish, Arabic, Chinese, and Russian. Our distribution office has prepared a brochure which describes the major publications that we've produced in the last four or five years on alcohol and drug abuse. I would be astonished if every one of your libraries had all those publications in them. I'm sure they don't. And yet it is our fault as much as it is yours. We're good at producing words which are carefully balanced and which reflect a true international consensus, but we are much less good at getting people to read them.

Here is a key to a part of the partnership. Certainly, if, as a bureaucracy, we are committed to producing words, then we should also be committed to having people read those words. If we believe in the words that we've produced, then we should believe in the necessity of people to read them and subsequently to take action. Of course, what I believe in most is the action they take afterwards, but they surely are not going to take that action unless they've been influenced by the words themselves.

So let me just give you a few hints. First of all, SALIS can do something. You have a newsletter, which in WHO terms is a bibliographic service. This is a method of communicating between libraries. In providing bibliographic service, you are eligible to receive a free copy of every WHO publication, provided you list it in your bibliographic service. You could receive everything that we produce, either at headquarters or at any of the regional offices, every publication on alcohol and drugs. You simply need to mention its availability in your newsletter and you get a free copy.

If you decide that as libraries you want to obtain WHO publications, then you could use SALIS to put in a bulk order. If you put in a bulk order, you get substantial discounts. This little brochure which lists our publications can be, at no cost to you, reprinted. Instead of United Nations International Conference on Drug Abuse and Illicit Trafficking, it would say, SALIS. You could send these with your newsletter and leave them in stacks around your libraries. You could, at the same time, encourage people to use WHO publications.

We have an obligation to send publications to every Member State. This is a statutory obligation, every ministry of health in the world has to receive a copy of every publication. Again and again when I go to countries, I go along to a university, to people who are doing research in this field, and say, "What did you think of the recent manual we produced for primary healthcare workers?" And they look at me perplexed.

Then I go on to the Ministry of Health and I meet the Director General of Health Services, and I say, "I was speaking to Professor so-and-so, and he doesn't seem to have received a copy of the primary healthcare manual." And the Director General of Health Services looks, and says, "Ah, was it that red-covered book?" I say, "Yes." He says, "Yes, I've got them here." He goes over, opens a box and brings them out. And he shows them to me. I say, "Yes, you're right. These are the publications I was referring to. But I'd hoped you would distribute them." He'd say, "No, no. These are very precious. They have laminated covers. We couldn't send these out. Sorry."

We must find other mechanisms for making sure that these fancy publications get out of the offices of director generals of health. I want you to have them. I want you to make sure in your libraries you point people towards them, because I think they're good and they move the world in the right direction. Not just because I think so, but because they represent international consensus.

I should also mention that on these kinds of practical issues, any centre from a developing country automatically qualifies for a 50 percent discount for all WHO publications, and in many cases, actually qualifies to receive them free. These are things we can do to help you. We can help to get these things to you, if you will use the system.

There was a meeting of heads of major alcohol centres in Auckland, New Zealand, just under a year ago. Those that gathered there, and they were an important group, identified as one of the major needs that they as heads of major alcohol centres had, was for better flow of information. Now the means were in their own hands, to an extent. I mean, they are heads of centres and you, as librarians, may well turn around to them and say, "Look, if you think information is so important, why don't you increase our budgets?" I just mention this in passing, and I'm sure you'll take note of it.

It's not just a budgetary issue. It's also an issue of the priority which centres give to information. You know, information is like apple pie and motherhood. No one actually says, "we think that information is a waste of time." Very few people would say that, very few, indeed. Most people at least would pay lip service to it. But when push comes to shove, I think people will often say, "Well, you see information, it's a rather passive function of this organization. We have to be out there in the streets. We have to be running treatment programs. There are young children dying. Don't you realize? And you want extra money for a few more books, and there are kids out there in the street, how could you be so heartless?"

Well, I think you just need to swallow three times before you reply. Just say, cooly and calmly, "You will not be able to respond as well to the crises which you are facing if you do not have an adequate information system. It is the essential base for your planning and action. If, Mr. Director, all you want to do is ensure your nice, fat salary and your expense account and your little perks, then you just sit there and you do your high profile stuff, and we will not disturb you at all. But if you actually want to run an efficient organization, then recognize that you cannot do it without a good information support." You can think of some replies to give to the heads of major alcohol centres that will make them very enthusiastic about cooperating more effectively with networks of information scientists.

There's another issue that they identified that's very important. It has to do with the fact that much of the key literature in this area, and I include WHO publications in a sense in this, consists of rather fugitive things: government reports, various evaluations of particular kinds of campaigns, things that don't enter into the scientific literature in a formal sense. They are not printed in refereed journals. They do not appear in books which regular publishers produce, and yet much of the information that's contained in these may be extremely important to the way in which planning ought to be undertaken.

If, for example, Botswana wishes to have a radio campaign which looks at solvent abuse in Gaborone, it would be very important to know that a rather similar campaign has been run in Mexico City, and another one in Rio de Janeiro, and another one in Colombo. Not that any of these other cities are like Gaborone, but maybe they have sufficient similarities to be able to learn something from them so we will not actually reinvent the wheel or more likely, reinvent a square wheel, which jolts the cart around and doesn't produce any viable results. Somehow, we've got to think of ways of ensuring that fugitive literature, literature that doesn't fit neatly into the classification systems, is made more accessible to people.

Let me emphasize two words: access and advocacy. I reviewed what WHO might be able to offer, something to do with things that could be accessed, and something to do with the advocacy role, of pushing things out more. The same is true here. I think many people see information specialists, libraries and librarians as passive, as having only to do with access. The people who plan programs, the policy makers, the important people, they come along and ask you a question and judge your efficiency by the capacity with which you respond to it in a way that doesn't disburb them and that you give them the minimum information they need in order to do the thing that they wanted to do in the first place. But that's not your job. It's part of your job, sure, but the other part of your job is advocacy. It's part of your job to say, that's a very interesting question, but just before you go away, I think it might also be useful for you to see this and this, because although you didn't actually ask for them, I think they are very relevant to what you want to do.

There is no one better equipped to act as advocates than you gathered here in this room. There is no one better equipped, because you know the literature like no one else knows it. You've got the stuff coming through your fingers every day. You know it. You touch it. You catalogue it. You file it. I'm delighted to be in the presence of such knowledgeable people, such repositories, such a richness of information, but don't be misers. Don't hold on to it. Spend it. Give it to the people who are going to do something with it, and make sure they do it. Do not let them rest easy in their comfy chairs and executive offices. Make sure they use it. That's your job. Your job is not just to open doors to them, but to burst in through their doors from time to time and plunk a report on their desks, and say, I think you ought to read this. They'll just say, "I'm sorry. I'm catching a plane to Toronto tomorrow." You'll say, "Fine. Take it with you; read it on the plane. Or if you are delayed by fog, read it in the airport."

I'd also like to make another quite positive and practical suggestion that relates to what you might do. Looking through the list of those who are represented here today, I am certainly impressed by the range of different institutions, but you don't represent a lot of countries. And I'm afraid the developing world is conspicuous by its absence. Now, I recognize of course that SALIS does not have the funds to bring lots of people from developing countries to these meetings, nor by and large, do developing countries.

I've recently had the experience of visiting a number of information centres in developing countries, and there's an increasing number of information centres that are opening. I'm very impressed by the fact that they're opening, but having actually seen them, I realize what an information centre in a developing country means. It means twenty books. If they're lucky, it may mean forty books.

Now I can do something about that, because I can send them a copy of every WHO publication in this little brochure. That's fine. I'm pleased to do that. I can even try to arrange through the good offices of people like Griffith Edwards, free subscriptions to journals like the *British Journal of Addiction*. Even that is just scratching at the surface.

You have a great richness at your disposal. All of you have almost certainly got multiple copies of a number of key publications. All of you could easily get additional copies of things. I'd like to suggest that when you have your business meeting, that you consider some more formal mechanism of actually offering support, perhaps through WHO, to information centres in developing countries.

One has to be very cautious and sensitive about this. I'm not trying to advocate cultural imperialism. The world has seen, and is seeing, quite enough imperialism to last it for a long time. The needs of these centres are considerable, and you have in your hands a means to satisfy some of these needs.

They are hungry for the material that you could send them. I believe that's a very simple service that could make a great deal of difference. I don't know how you could do it, perhaps you could use some kind of twinning mechanism. I could try to identify a number of centres. You could think of a particular centre or two centres in a developed country that could have a special relationship with a centre in a developing country. I don't know what the mechanism is. That's for you to discuss and decide upon. We can talk about it together.

Beyond that direct service that could be offered, I think there are other ways. I don't know exactly how we approach this and I think that I'm just hoping to set a ball rolling that you will take up during your discussions during the rest of today and during tomorrow.

When I talk about a partnership between SALIS and WHO, I am suggesting a partnership that is a partnership between equals. You have already in existence a very impressive network of information centres. The fact that SALIS has existed for nine years is an indication of the way in which that partnership works, and that the network has a kind of functional autonomy already. You have now come of age. Certainly, the point you made earlier on, the childhood is over. Your adolescence is over. The time has come, I would like to suggest, for you not to just go on talking to each other.

The time has come to start looking outside your own network and seeing what assistance that network could give to processes of policy development and program implementation around the world. I feel confident, speaking on behalf of the World Health Organization, that we could work with you to find a mechanism to ensure that the huge, immense store of information that you have at your fingertips could be better used around the world for policy development and program implementation.

I am appalled that such richness should be hoarded in so few centres. I am appalled that the people with whom I have to consult when I visit countries do not have better access to the kind of information which you know so well. I think it behoves us, if indeed we're trying to meet the challenge that Bette gave us in choosing this particular topic for this meeting, to try to find a mechanism to ensure that your chests of richness are unlocked, and that the people who are out there trying to implement programs at a country level, particularly in developing countries, can have access to that information and can use it to do the work they are required to do.

You are a powerful group. You may feel as you sit there in your individual libraries that you are less powerful than you would like to be. Individually, that may be true. Individually, you may feel that in the pecking order of the organization where your library sits, you're not in the position you would like to be. You don't have as much power and influence as you would like. You may feel that even the organization within its country or within its province doesn't have as much influence as it ought to have, that the government isn't very responsive, and seems to have other priorities. These things may all be true. Individually, you may have less power than you would like. But collectively, you are a very powerful group, and that power is something which you have built up, I think, for a sufficiently long time to be able to think of ways in which you can use it.

I would certainly suggest that in not just defining the questions that have to be asked in the future, but actually working towards the answers, that you as librarians and information specialists have a fundamental role, a key role, to play. And I would certainly suggest that it would be worth your while during the course of these next two days and as you work up toward your business meeting, to think of specific recommendations that you might make about ways in which these riches could be unlocked.

What I would like to suggest is that you think of implementable recommendations, things that could be done not in 10 years' time, or in 20 years' time, but things that could be done now that would move this agenda forward. Things that the centres or organizations for whom you work could do. Things the World Health Organization could do. Things that national governments could do, but things that don't require huge expenditures of funds, because the funds aren't there. Things that don't require enormous political decisions because they take a long time to be reached, but practical things, simple steps that would move things forward. Steps that might, in the end, result in a huge international database, for example, somehow connecting all individual richnesses in this room into one even greater richness. Things that might move towards that in practical and implementable steps.

I do think when I said at the beginning that I was privileged to be here, that these were not empty words. I do think we could be at the beginning of a very, very exciting thing, not just in the future of SALIS, but in the future of SALIS as defined by the impact it could have and deserves to have on the rest of the world. Thank you very much.

QUESTION: I work in the Virgin Islands now, and have just finished establishing the second clearinghouse that I've been involved in, the clearinghouse being relatively a simpler, I think, approach than a library. And it seems to me that it's not a very complicated thing to put together an alcohol and drug abuse information clearinghouse in a developing country. What about the possibility of drafting some sort of how-to manual? It doesn't have to be very complicated to show other people how to go about this, involving a few simple steps, and they can end up with an accumulation of materials and a way in which to distribute them in the operation.

MARCUS GRANT: I think that's an absolutely splendid suggestion. Very, very good. I think that the kind of suggestion you have just made is perfect.

If SALIS could make a commitment to produce a draft of such a how-to manual, I could certainly make a commitment to circulate that to commentators in developing countries who could then review it in terms of what they think would be implementable. I could get maybe 20 or 30 such reviews done very easily; get the comments back to you so that you could revise it in light of the comments from developing countries, and then perhaps, we could even think of putting that out as some kind of joint thing, a joint WHO-SALIS set of guidelines. Why not? I think we should be imaginative in trying to find ways to promote the sense of ownership over information. I think all of us in this room believe it's right and proper and necessary for every country to have information.

QUESTION: I have a question regarding the operations of nongovernmental organizations in developing countries. Are you aware of some existing NGOs that we could approach rather than going through the governments?

MARCUS GRANT: Yes, that's a very perceptive question and quite a difficult one to answer. Our primary official links are through Ministries of Health, as I mentioned when I was speaking. On the other hand, there are a number of international, nongovernmental organizations that are in official relations with

WHO. One of those, ICAA, International Council on Alcohol and Addictions, has its president sitting two seats behind you. ICAA has links with national NGOs in many countries.

In addition to that, there are informal linkages between local NGOs and national NGOs and sometimes formal linkage at the country level. So that there is a network in existence of NGOs, an official network of NGOs, that could link WHO through an international NGO to national NGOs to local NGOs. In addition, there are, of course, NGOs that are not specific to the addictions field that are interested in the problems caused by alcohol and drugs.

For the last four years, I have been holding a meeting in Geneva at the time of the World Health Assembly of NGOs (for example the International Council of Nurses, or the International Red Cross, or the Christian Medical Council), which have people who have a broad interest in development issues with subsidiary interests in alcohol and drugs. Many of them have good local and national networks, as well. I believe, as you do, that much that will happen in the country, particularly in a developing country, will happen because of the local initiative.

And I am now in the final stages of putting together a set of guidelines, the way you're talking about guidelines, that have to do with how local initiatives might help to stimulate national policy development. And I would certainly be very happy again to send a copy of that to SALIS for review, not for everyone in the room to review, because I think that would be an unreasonable demand to make of you, but it might well be that there are points of connection there so that you could feed into those guidelines, which will go and be distributed very widely indeed. Ways in which you could feed into that, suggestions of how information networks could be initiated, set up and utilized more effectively.

QUESTION: It would seem to me that a very simple first thing that you could do for us, Marcus, would be just the names and addresses of the few, if there are few, or if there are many, of the developing countries' information centres. We could send the SALIS directory and send the SALIS newsletter. But we need names and addresses.

MARCUS GRANT: That, of course, I can do. Currently it's an informal list in a sense that it's those people I happen to stumble across, but I stumble around the world more than most people.

The Fit of the Information Sector in the Alcohol and Drug Field

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The title of this paper implies that both the speaker and the audience have a working knowledge of the two main concepts, the information sector and the alcohol and drug field. For those who are involved in one or both, the definitions may seem obvious, but for the benefit of the newcomers or nonmembers some clarification should be provided since every field has its own jargon that may not translate well to outsiders.

To begin with, the terms "field" and "profession" are often used interchangeably. According to *Webster's Dictionary,* a field in our context is "a sphere or range of activity," while a profession is "the occupation to which one devotes oneself." In fact there may be several professions subsumed under one field. By this definition of field, the information sector, all those persons and institutions who are engaged in the organization and dissemination of information, obviously qualifies. Other terms frequently used are information services or information specialists. The use of jargon tends to mix the providers with the services. But the point here is not to provide a lesson in semantics but rather to demonstrate both the broad scope of information services as a range of activity, and the common goal: to identify and make available information. Librarians, publishers, database producers and vendors are all subsets or professions of this field regardless of the type of information they are providing, whom the information is for, how it is packaged or marketed, or who is doing the funding.

In the context of this paper, however, the information sector has a twofold meaning. It is not only a field in its own right, but it is also a very important part of the more specialized alcohol and drug field. Applying our definition of field again, the alcohol and drug field (often called the chemical dependency field, the addictions field, or the substance abuse field) encompasses all those who are engaged in the direct or indirect provision of services to prevent or treat substance abuse problems, as well as those involved in any aspect of research on alcohol or drugs and their effects. This includes treatment personnel, social service workers, clergy, health professionals, educators, and researchers from a wide range of disciplines. Again we have a field made up of a variety of professions but all dealing with some aspect of alcohol or drug use. In fact, we can identify six major components of the alcohol and drug field based on this central focus: research, treatment, education, prevention, policy, and information services. Of course, these components are not always discrete. For example, many people who are engaged in treatment do evaluation and follow-up studies of their clients. Prevention and education also frequently cross boundaries.

Although rarely the best known or the best funded sector of the alcohol and drug field, the information sector is the cog that holds the wheel together.

FIGURE 1

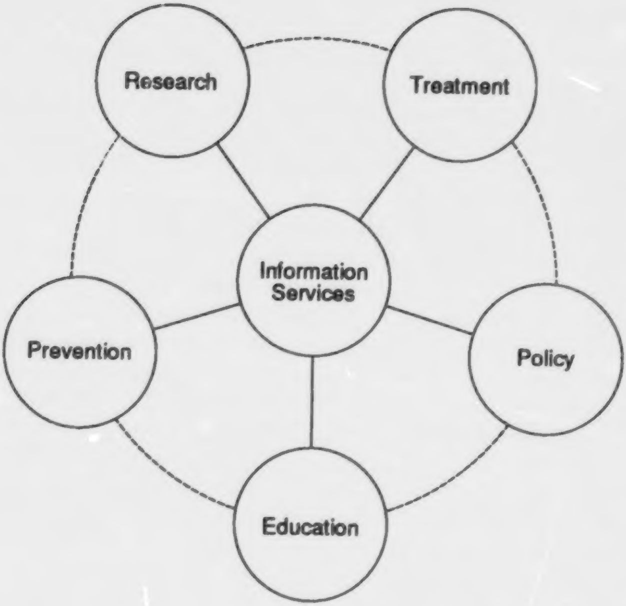
Research
Treatment
Information Services
Prevention
Policy
Education

Figure 1 illustrates the relationships. The solid lines represent the direct flow of communication between the various sectors, all of whom receive information from and provide information via the information sector. The dotted lines represent the indirect or infrequent means of information transfer (for example, from colleague to colleague through correspondence, collaborative projects, conference participation). None of these other components could function for long without the services provided by the information sector, and so it would seem that we should merit a more prominent place in the alcohol and drug field than we presently hold.

What we have here is not a failure to communicate but rather a failure to assert. As information professionals, we see our primary function as the collection and dissemination of information. However, the director of the libraries at Rutgers University, Dr. Joanne Euster, recently offered a three-part model of the role of academic and research libraries (Euster, 1987), which can be applied to most information service providers. She defined the three roles as custodial, dissemination, and teaching. The custodial role is the one with which information professionals are most familiar and perhaps, most identified. Serving as a repository for information is in most respects a passive role, although one could argue that identification and collection are active tasks. But in truth, the patron is generally expected to seek out the information centre when he or she has need. Dissemination, the methods by which information is passed to the public, is usually handled by the information centre through reference service, distribution or circulation of materials, publications, and database searching. New technologies have made this role much more effective and efficient.

It is the third role, teaching, that is frequently underdeveloped. In this category Euster includes formal bibliographic instruction, informal help in using the resources of the information centre and end-user services such as CD-ROM products and audiovisual equipment. This definition should be broadened to cover all outreach services from public speakers to the production of library brochures. Teaching the public about information services may be as important as the desired information. Unfortunately, as information professionals, we have been less than aggressive in getting our message to the public. Consequently, we are all too often inconspicuous in our presence within the alcohol and drug field and silent in our demands for funding, for cooperation and for recognition.

In order to gain a better understanding of the present role of the information sector in this field, a review of how that role has evolved during the decades of the modern alcoholism and drug movement is in order. The term "modern" here refers to the period beginning around the late 1930s, characterized by a shift in professional attitudes toward the disease concept of addiction and by increased emphasis on research and treatment of substance abuse problems. The early movement was dominated by a focus on alcohol problems; strong attention to other kinds of drug abuse did not occur until the 1960s. This movement was by no means confined to the United States, but it was strongly influenced by certain events in the early post-prohibition years, such as the formation of Alcoholics Anonymous and the establishment of the Section of Alcohol Studies at Yale University. In those early years, information services played a major part in supporting and shaping the directions of alcohol and drug research and in providing materials that influenced the attitudes of professionals and the lay public.

One important example of this activity was the work begun in 1939 by the Research Council on Problems of Alcohol to survey and abstract the international alcohol research literature (Research Council on Problems of Alcohol, 1940). The Research Council was organized in the United States in 1938 by a group of scientists who wanted to raise money to conduct and fund research studies on the effects of alcohol on the individual and to disseminate the results of such studies to the public. In order to implement such a research program, the members felt they first needed a sound literature base from which to conduct future research. The Council obtained $25,000 from the Carnegie Corporation in New York City to fund this literature survey which lasted 18 months and resulted in 3,000 abstracts of research studies (English and foreign language).

E.M. Jellinek, who directed the survey, devised an indexing code for subject retrieval. Abstracts were printed on cards which were punched around the edges according to the subject codes. This was the first major information service in the modern alcoholism movement, and it had several important results. The abstract collection moved to Yale University with E.M. Jellinek and became part of the Section of Alcohol Studies and the nucleus of the Classified Abstract Archive of the Alcohol Literature (CAAAL). CAAAL closed in 1978 with over 16,000 abstracts. A master bibliography of alcohol research literature, *The International Bibliography of Studies on Alcohol,* was published in three volumes to cover the period 1900-1960 (Jordy, 1980).

In addition to these reference tools which became part of the collections of many alcohol research libraries, E.M. Jellinek made a major contribution to the direction of future research studies. As a result of the Research Council's literature survey, he identified and ranked those areas most in need of further investigation (Jellinek, 1942). The library at the Rutgers Center of Alcohol Studies has over 350 research bibliographies that were compiled before CAAAL closed in 1978, and most topics fall within the major areas Jellinek had suggested: physiological effects of alcohol, psychological effects, etiology and treatment of alcoholism, and socio-cultural aspects of alcohol use. Even though there were no major alcohol or drug research libraries in the 1940s (not even at the Yale Section of Alcohol Studies), information services still played a very prominent role in laying a solid foundation for the modern substance abuse field.

Other important information services also began in this period. In 1940 Howard Haggard, a member of the Research Council and a physiologist at Yale, founded the *Quarterly Journal of Studies on Alcohol* to serve as a forum for the publication of alcohol research. The *Quarterly Journal* published original studies as well as abstracts of other published materials. In 1941, the *Quarterly Journal* offered a new service to subscribers who wanted information on alcohol-related topics: the staff would search through the CAAAL collection and send copies of pertinent abstracts for a small fee. This was considered an important part of the journal's mission to serve as a conduit to the research community. At this same time, the *Quarterly Journal* began to publish a series of lay pamphlets for the general public.

As alcohol research, and therefore information grew, other institutions and organizations were created to meet the demands for more research, treatment, education and information about alcohol and drugs. In 1949 the Alcoholism and Drug Addiction Research Foundation was created in Toronto. In that same year the State Alcohol Monopoly of Finland was established, followed by the Finnish Foundation for Alcohol Studies in 1950. The Swedish Council for Information on Alcohol and Other Drugs was created in 1951 (Mitchell, 1984). By the 1960s a number of countries had public or private institutions to deal with research and treatment of alcohol and drug problems. Many of these institutions had libraries or information offices as well as publication programs. Jellinek again played an important role in the spread of alcohol and drug information services by obtaining funding from the World Health Organization in 1953 to duplicate the CAAAL collection and to establish additional depositories in libraries in the United States and around the world (Keller, 1965). It is, then, not surprising that an officer of the World Health Organization today should be exhorting information professionals to play a strong, active role in the alcohol and drug field. There is, after all, precedent for our participation and influence. We have been key players since the beginning of the modern movement, providing the foundation and the tools to support research, treatment and public education and policy on alcohol and drug use.

How do we measure up today against our past history? Certainly the amount and variety of information that we handle has vastly increased, as has the demand for it from all segments of the public. The methods with which we acquire and disseminate this information have improved thanks to on-line technologies, cooperative networks and collaborative efforts such as shared catalogues. The number of institutions and organizations providing some type of information services has also grown, which is readily apparent from the expanding SALIS membership and the growth of kindred organizations.

Countries today vary in their approaches to alcohol and drug problems and in the services that are provided. In some nations research and treatment are handled primarily by private institutions, sometimes with government funding (for example, the Foundation for the Study of Alcohol and Other Drugs in the Netherlands). In London, the Beverage Alcohol International Information Centre has recently been established by a group of beverage producers to provide information on industry statistics worldwide as well as on the effects of alcohol ("Alcohol abuse," 1986). The British government has funded an Alcohol Education Centre in London which has a library and a film centre. Australia and Canada have state or provincial agencies which provide information and sometimes treatment, prevention or research on alcohol and drugs (Armyr, Elmer and Herz, 1984). In the United States we have worked upwards since prohibition from private and state programs to create federal alcohol and drug agencies which now supply a major share of the funding for all alcohol and drug research and services in the country.

Despite their differences in organization or approach, few of these institutions are operating independently of their colleagues in other countries. The actual amount of alcohol and drug information that is shared among institutions and individuals around the world is impressive, but the potential is staggering. That is why cooperative networks, such as SALIS, have become so important. Perhaps the main reason the reputation of the information sector in this field has faded is because professionals and institutions have felt increasingly overwhelmed by the knowledge explosion of the last two decades. We have expended most of our energies on keeping up with the literature, not staying ahead of it. Only now are we beginning to feel a strength in the collective, an ability to work together to direct and improve the ways in which alcohol and drug information is provided to all sectors of the public. What we cannot do alone, we can accomplish together.

Several recent international developments point to a renewed recognition and influence of the information sector in the alcohol and drug field. Canada has just announced a new national drug strategy called Action on Drug Abuse which will provide $210 million for a five-year plan to help reduce drug problems. $10.5 million (5%) is earmarked specifically for information and research (MacLennan, 1987). In Australia, the Alcohol and Drug Foundation received additional funds in 1986 as part of a National Campaign Against Drug Abuse. The library is described in the annual report as a major part of the Alcohol and Drug Foundation of Australia (ADFA), serving Foundation staff, patrons and libraries all over Australia. In addition, the staff is helping to compile a directory of Australian addiction research that will result in a published product as well as a searchable computer file (Alcohol and Drug Foundation, Australia, 1987).

In the United States, the National Institute on Alcohol Abuse and Alcoholism is going ahead with plans to bring its large database commercially on-line in response to growing demand from information professionals, and especially from SALIS, for wider access to these files. The National Clearinghouse for Alcohol and Drug Information

(NCADI) continues to compile fact sheets and resource lists on all aspects of alcohol and drug use, distributes copies of National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse documents, and publishes the *Prevention Pipeline* and the *Alcohol Health and Research World*. The library at the Rutgers Center of Alcohol Studies publishes its own series of research bibliographies covering over 100 different alcohol-related topics. In addition, the Center library is establishing an alcohol and drug clearinghouse for the Department of Higher Education in New Jersey to serve college and university personnel all over the state. This is a good example, along with the work of NCADI, of how the information sector can work closely with the policy sector, responding to the information needs of a specific audience, while at the same time providing the guidelines and resources to influence programs for this population in the future. Through fact sheets and special theme issues of its journal, NCADI can trigger increased interest in different research and program areas. Similarly, the Center of Alcohol Studies Library may become a very important factor in college alcohol and drug programming in New Jersey by virtue of its ability to meet existing campus needs and to help determine what information will be needed for future programs.

All of these activities and services are examples of ways in which the information sector already plays an active role in the alcohol and drug field. Instead of merely reacting to what is happening in the field around us, we should take on the role of information advocate. We should remind our colleagues in the other sectors that we are an indispensable component without which research is undocumented, education is unsound, treatment is isolated, policy is unsupported, and prevention is unlikely. Writing in 1985, Beryl Ruff, the chief of the Office of Library and Health Literature at the World Health Organization, noted that the two main ingredients of national health promotion are motivation and information, and she stressed the need to encourage cooperation and resource sharing between libraries. She also pointed out that information is not collected or disseminated in a vacuum. We need to consult our actual and potential users in order to meet and anticipate their demands (Ruff, 1985). Thus, we must develop closer ties to the other sectors of the alcohol and drug field and demonstrate to them that we are equal and valuable partners. Regardless of how public and private funding is parcelled out for treatment, education, and research; information professionals must be alert to ensure that adequate attention is given to the needs of the information sector. No one else will define or articulate these needs for us. The responsibility is ours to push for the tools we need to fuel the rest of the field.

This SALIS program provides an excellent forum for us to examine our role as professionals within the alcohol and drug field. In March, 1988, the University of California at San Diego, through its Program on Alcohol Issues, is sponsoring an International Symposium on Alcohol and Drug Information Resources which will involve researchers, policy makers, educators, and information professionals. This will be another opportunity for us to fathom the information needs of the publics we serve and to provide awareness of the vast resources that already exist in this field. As information professionals, we are in the best position to determine what the information needs are and how best to meet them. As SALIS members we are in the best position to articulate those needs and to suggest the most effective solutions. We have grown and matured in our nine years of existence as a professional association, and we are well beyond the stage where we share our concerns and resources only among ourselves. We are truly international in membership and in scope, and the time has come for us to cast a broader shadow in the alcohol and drug field.

Comment: I'm not sure how much direct information flow goes on between treatment and prevention practitioners and information services. A lot of information is passed through informal communication networks. These are not book oriented people. They're not users of information services and we know very little about how they do get their information.

Penny Page: I agree. I think one of the reasons that treatment and prevention practitioners are not users of information services is that they don't realize that we're there and that we can help them. And we haven't necessarily made as many inroads as we should. I think that once we let them know about the information which is available, we'll find that they have a lot of questions.

Comment: I think you made a very good point about our role as teachers or as public information promoters. I think we do need to be out there talking about what it is we can do.

Comment: I think that also brings up the point that Marcus made earlier about the information specialist's role as an advocate. We have an incredible amount of power, for instance, when someone comes to the library asking for statistics to support a position. Yes, we can give them information that will support their point of view but we can also include in the package a range of other information to make sure they understand there are other ways of looking at the same question.

Penny: The other professions in this field often don't realize the amount of information that is out there, and we do have a lot of power to influence programs by providing that information and by putting program planners in touch with other planners who can help them.

References

Alcohol abuse: International project. (1986). *International Distillers and Vintners World.*

Alcohol and Drug Foundation, Australia. (1987). *Annual report 1986*. Canberra, A.C.T.: ADFA.

Armyr, G., Elmer, A., and Herz, U. (1984). *Alcohol in the world of the 80s: Habits, attitudes, preventive policies and voluntary efforts.* Stockholm: Sober Foerlags AB.

Efron, V., and Jordy, S. S., (Comps.). (1968). Indexes to volume 1. In *International bibliography of studies on alcohol* (Vol. 2). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Euster, J. R. (1987). Envisioning goals. *New Jersey Libraries*, 20(2), 3-8.

Jellinek, E. M. (1942). An outline of basic policies for a research program on problems of alcohol. *Quarterly Journal of Studies on Alcohol*, 3(1), 103-124.

Jordy, S. S., Chen, P-L., Weinstein, N., and Simonds, J.O., (Comps.). (1980). References and indexes, 1951-1960. In *International bibliography of studies on alcohol* (Vol. 3). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Jordy, S. S., (Comp.). (1966). References, 1901-1950. In *International bibliography of studies on alcohol* (Vol. 1). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Keller, M. (1965). Editor's Forward. In Keller, M., Efron, V., and Jellinek, E. M., *CAAAL Manual: A guide to the use of the Classified Abstract Archive of the Alcohol Literature* (pp. xi-xvii). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

MacLennan, A. (1987). Drug strategy set for global debut. *The Journal*, 16(6), 1-2.

Mitchell, A., (Ed.). (1984). *The SALIS directory (Substance Abuse Librarians and Information Specialists) 1984*. Berkeley, CA: SALIS.

Research Council on Problems of Alcohol. (1940). Activities of the Research Council on Problems of Alcohol: Proposed studies for the research program. *Quarterly Journal of Studies on Alcohol*, 1(2), 399-408.

Ruff, B. (1985). National policies for health library networks. *WHO Chronicle*, 39(6), 212-218.

Design for Diffusion of Alcohol and Drug Information: From Theory to Action

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My background is in social marketing and health communications. My talk today is primarily about diffusion of alcohol and drug information. What I'd like to do is cover two theoretical approaches to the diffusion of information: diffusion of innovation which Everett Rogers and others have worked on (Rogers, 1983) and then social marketing. I'd like to go beyond how we use those models and their applications to describe what we are doing now within the Office for Substance Abuse Prevention (OSAP), and how you may benefit from this work.

I noticed a few of you looking at the quote by Thomas Jefferson that I put on the flip chart, which reads, "Enlighten the people generally and tyranny and oppression of mind and body will vanish" (Jefferson, 1816). Well, I am afraid Tom is wrong about that. If he was right, we wouldn't need to be here. It's an approach that, nevertheless, we have some belief in. First I'm going to talk about what we refer to in the U.S. Federal Government as "knowledge transfer" and work that into information dissemination.

A quote that I like to use to talk about information dissemination is this one from John F.

Kennedy. "The accumulation of knowledge is of little avail if it is not brought within reach of those who can use it. Faster and more complete communication from scientist to scientist is needed so that their research efforts reinforce and complement each other, from researcher to practicing physician so that new knowledge can save lives as swiftly as possible, and from the health professional to the public so that people may act to protect their own health" (Harlem, 1977). I think this is an interesting framework. I believe there are some things missing, particularly in the area of public policy, but it's a place to start.

The key point of this, of course, is that the product of scientific research is knowledge. Knowledge must be put to good use, whether it's from researcher to researcher, researcher to practitioner, or to the public filtered by people such as yourselves, or to legislative bodies so they can make determinations about public policy. In any event, this is a general framework.

Some people will say that if you look at the evaluation literature on school-based education programs, you will find that "education doesn't work." Well, that may be true in some cases, but on the other hand we have to assume that knowledge is a logical antecedent of behavioural change. Knowledge is necessary but too often insufficient for behavioural change, but it's a place where we start.

If knowledge is power, then knowledge transfer is empowerment; empowerment of individuals so they can make changes in their own lives, in their families, in their communities, and in their society. Knowledge transfer occurs with or without us. It goes on all the time. If you look at the media messages that go out about alcohol and other drugs, you find there are some messages that probably lead to myths and misconceptions. Our working assumption is that everybody in this room is interested in improving the flow of information so that we have useful, comprehensive, understandable, timely information dissemination about our issues.

We need to think in terms of the hierarchy of information, from raw data, which is the most common form, to a higher, more processed form, which is information then knowledge and eventually wisdom. Many of us would agree that there's a lot of data in this field, there's some information, there's a little knowledge, and surely too little wisdom.

We talked before about a data glut, too much information. Now the question becomes how do you make this information useful? It's not a very easy job. The constructs I'm going to talk about, social marketing, diffusion and dissemination, provide some structure to help make the job easier. They're organizing frameworks. We can learn some things from them, but they should not dictate what we do in our information dissemination activities.

Diffusion has been described by Rogers as "the process by which innovation is communicated through certain channels over time among members of a social system," and it often results in the adoption of an innovation. The research paradigm is from sociology, but it's been crafted and researched over 25 years in the areas of agriculture, international development, family planning, and public health.

The classic example of diffusion of innovation comes from the British Navy. Scurvy killed about half of the merchant marines and navy personnel in the British Navy around 1600. In 1601 James Lancaster did the forerunner of a clinical trial by sending four ships far away. On two of them he had the captain administer two tablespoons of lime juice every day to each crew member. On the other two he did not. When they got to the other port, they found that the survival rate upon those ships in which the captain administered lime juice was much higher. He wrote it up and presumably submitted it to a peer reviewed journal.

Some 150 years later, the policy of providing lime juice was not yet adopted. The navy conducted a similar study and basically got the same results. Finally, in 1795, the British Navy adopted a policy to serve lime or lemon juice or have fresh fruit on all long sea journeys. In 1865, another 70 years later, the British Merchant Marine adopted a similar policy. In retrospect, it took 265 years for the innovation of including lime juice to move from one or two ships in the British Navy to a national policy (Rogers, 1983).

There are other similar examples in our surroundings. One such example is the overhead projector which took about 20 years to move from the bowling alley to the classroom. Technologies that are very appropriate for one purpose, are not always readily adopted in other areas unless they are shared and diffused.

Research in diffusion of innovations has shown that there are various stages that we all go through in adopting a new idea. These stages are similar to the kinds of experience we've all had in going from knowledge, to persuasion, to making decisions, to implementing that decision, to confirmation. Different researchers call these by different terms, but the process is the same. You start out building awareness and you move on to decisions that you think are in the best interest of the individual, the family or the social system. Sometimes we adopt an idea for a while and we don't carry it through. Therefore, an important part of our effort is to seek not only decisions and implementations but also confirmation so the decision becomes a durable decision.

People can be segmented into various groups according to their speed of adopting new ideas: innovators (who are few and far between), early adopters, early majority, the late majority, and laggards. A plot of these groups is called the diffusion curve. Any particular technology, whether it's the VCR or cocaine, goes through a similar adoption curve. What we find is that when you reach a certain critical mass of people adopting a particular innovation, we get to the so-called take-off stage. That begins to get media attention; it begins to get interpersonal transfer from person to person; and then it begins to get into the early majority, the late majority and finally the laggards.

There are some factors that help us predict how quickly a particular innovation will be adopted. These are positive factors, and by reversing them they become negative factors. The relative advantage of a particular innovation is an important positive factor: how compatible is the new innovation with our social system? Does it fit the way we think? These influence the rate of adoption. Cocaine, as an innovation, may be compatible with the way we look at things, our drug choices. For some people cocaine is compatible and for some people it isn't. The trialability is an important factor. Can you try it just once in a less expensive way or do you have to buy the whole thing? Can you rent a VCR to try it out or do you have to make a whole purchase? Observability is another major factor. One of the reasons television was very quickly adopted is because it was highly observable. Not the television per se, but the television antennas on top of houses. Some innovations are far more observable than others. What about complexity? If it's highly complicated, a lot of people are not going to go to the trouble. With personal computers they were at first very complicated, but some producers helped to make them a lot more user-friendly, and therefore adoption, measured by sales, improved rapidly.

This is a framework for learning how to position ourselves with respect to how we want to get this information through to people, how we want to get them to adopt, whether it's an idea, a particular message, or whether it's a particular product.

I'd like to move on to social marketing, and there are some important parallels here. Social marketing has been around about 15 years. Phil Kotler (1984) and others were the ones who originally applied it, not to the marketing of social ideas so much, as social institutions, such as libraries, museums, and art galleries. It's been applied in a number of areas such as high blood pressure education, cancer communications, a variety of other areas, to try to get people to adopt ideas, whether it's handgun control or seeing a physician if you have a symptom of breast cancer. The early social marketing literature was based on an article entitled "Why It's So Hard to sell Brotherhood Like Soap" (Rothschild, 1979). This article developed the notion of applying the principles and practices that have been developed for commercial product and service marketing to the advancement of social ideas.

In social marketing practice we have what are known as the four P's: product, price, place, and promotion. Together the four P's provide a framework to review the concepts, messages or products which we want people to adopt.

We can all think of examples. A product might be the microwave or the VCR. The price is $249. The place is an appliance store. The promotion will feature different aspects of the appliance. If it's a microwave, quick cooking would be the feature promoted to save time for the busy househusband.

A central component of social marketing is consumer orientation. This is particularly important in the health and medical field because we tend to rely on science, physicians and technology to provide us with a product. Sometimes it's not the product that's going to sell or be marketable. Sometimes it's highly complex; it's difficult and highly expensive. Sometimes we have to take what the technology gives us and change it to something that we can make consumer oriented. It relies on audience segmentation.

If you look at the diffusion curve, different people will be at different stages in their adoption. In the United States, low-income individuals who have high-risk occupations such as working in coal mines and steel mills are least likely to be aware that smoking is a hazard to their health. So if you're going to reach steel workers in Pittsburgh, you should have a very different message than if you are reaching up-scale individuals in Marin County. Those individuals, who are less likely to smoke in the first place, are more likely to attend to a "how to quit" message, whereas the steel workers in Pittsburgh won't be that far along the diffusion curve. They need to know more about why they should quit.

Exchange, not selling, is an important concept in social marketing. If we want people to adopt these ideas, such as giving up cigarettes or reducing their alcohol consumption in high-risk situations, then we must make the message as palatable and as interesting to them as possible. So it's not selling what we have to offer but it's looking to them to find out what issues will, in effect, make them become very interested in what we have to offer. We don't know what kinds of messages are most suitable until we go out and ask the audiences, through focus groups and other qualitative research methods.

Occasionally we find a situation, such as mammography, where there is a window of opportunity. Betty Ford's breast cancer a few years ago and now Mrs. Reagan's have provided good opportunities for those people who are marketing mammography to really set forth some positive ideas about the benefits of this medical procedure. We don't have these windows of opportunity very often. When we do, we find on the incidence curve the little blip. Many women went out and got mammograms and breast exams at that time. The reported incidence rate of breast cancer went up for a year and a half to two years. It was a little blip on the curve.

By segmenting the audience we can build a case for presenting our information. We could look at the promotion of increased excise taxes on tobacco or alcohol. How do we get a national legislative body, or for that matter a state or local government, to adopt an increased excise tax? What are the necessary arguments? Again, we need to do the market research to find out what sort of promotions will work. Is it a question of equity: a vote for fiscal health is a vote for public health? That might be a saleable argument.

So how do we make use of these general models to organize our information and dissemination program? We've done a lot of sophisticated marketing analysis and determined there are only two kinds of people in the world: those who want information about alcohol and drugs, and those who need information about alcohol and drugs. (There's actually a third kind, but I'll come back to that later.)

It really has to do with information seeking or product seeking behaviours. Different people need different information from different sources for different purposes at different times in their lives. In terms of the active audience, those who want information, those who are seeking it out, will find it one way or another. Part of OSAP is devoted to responding to inquiries from those people who are activated and in the information searching mode.

We know not everyone is going to make an inquiry to OSAP. Therefore, part of our job is to enhance the ability of other organizations to respond to inquiries. Our National Clearinghouse for Alcohol and Drug Information is designed to respond to inquiries, and also to help other organizations respond. This help entails a lot of effort in terms of packaging; analyzing inquiries to find the most common types of questions and the kind of information they want; and making sure that the information we provide them is going to be accurate, timely, usable, and comprehensible.

Now let's turn for a moment to those who need information, people who don't know they need it but perhaps nevertheless do. Persuasion is necessary. The media are very important here. In the United States, 600 million hours of television are watched every day; the average T.V. set is on for seven hours and ten minutes; television is a great health educator and story teller. George Gerbner, who is head of the Annenberg School of Communications at the University of Pennsylvania, has said that if you can write a nation's stories, you needn't worry about who writes its laws. And, today in America television tells most of the stories to most of the people most of the time.

When we look at the media coverage in North America, we find a number of things. One, the consequences of alcohol and drug use, but particularly alcohol, are not very well portrayed. We have a lot of glamorization of drinking and drug use. We see very little in the way of accurate portrayal of consequences.

We're trying to work with the mass media, not only in improving the news coverage of alcohol and drug issues, but also in terms of the portrayal of alcohol and drugs in the mass media. We have to work with advertising to some degree. One brewer alone spends almost a million dollars a day advertising its beers in the United States. That adds up to $1.6 billion last year, and that's a lot of messages. However, that does not include things such as wet tee-shirt contests or other sorts of promotion. That's simply media time and space.

When we do a content analysis of the kinds of messages in the media, we break them down into the "pro" messages, the "whoa" messages, and "no" messages. The pro messages are those that promote alcohol and drug consumption. The whoa messages are those that are cautionary. And the no messages are those that are proscriptive, having to do with alcohol and drugs.

What I'd like to do now is walk through a media campaign that we've done and give an idea of how that relates to social marketing. As most of you are probably aware, alcohol is the drug of choice for American youth, and beer is the favoured alcohol. That's changing a little bit now. A couple of years ago we began to look at the kinds of problems we are having as a society. We can see alcohol use is endemic.

Data gathered by the annual high school senior survey indicated that among high school seniors alcohol use is going down a little bit (Johnston, 1987). Of course, only youth actually in school were studied by the high school senior survey, therefore, we don't know the extent of these trends among school dropouts.

When we look at wine coolers and other phenomena, particularly from surveys such as the *Weekly Reader* survey, we find increasing social pressure to try these drugs, and less knowledge or belief that there will be great harm if you drink daily. Other parts of the data set indicate that youngsters don't consider a wine cooler to be a drug. In fact, in focus groups there were questions from the youngsters, "Does wine cooler contain wine?" after all, root beer doesn't contain beer. Ginger ale doesn't contain ale. There's a lot of confusion out there because of images from advertising.

When we looked at the awareness in terms of information dissemination, and asked whether high school seniors were aware of certain hazards of alcohol and drug use, we found a positive trend. The increasing levels of awareness were a good sign. The levels weren't all that high, less than 40 percent a few years ago were aware that having five or more drinks once or twice each weekend could be hazardous to their health. What we found last year, 1986, however, was a reversal of that trend. Now that's just one more data point; we don't know what that means or how important it is. We'll find out probably when we have the next wave of data. A decrease in the level of awareness is not a good sign. Less awareness of heavy drinking, in effect binge drinking, particularly for underage people is a bad thing.

We determined that alcohol indeed is the number one drug problem among American youth and designed a campaign using principles of social marketing. We determined where we ought to aim this, did our audience segmentation, and found that the biggest increase in drinking is between the sixth and seventh grade. This is about the age when youngsters get out of the immediate family situation. There's more peer pressure. There's more school activities. Given this analysis, we decided to aim the campaign at students between the ages of 8 and 12 years.

We found that early users are at a high risk for a number of things. This information is important to point out to gatekeepers and parents because it is important that they understand that it's not just a question of kids experimenting. There are consequences of this experimentation that are basically unhealthy. While alcohol once played a role in transition from adolescence to adulthood, today it's from childhood to adolescence.

In order to generate as a shared goal an alcohol and drug-free generation of American youth, we designed a "Be Smart, Don't Start" campaign. This campaign piggybacked with the term "Just Say No" to give it sequential involvement with the White House "Just Say No" program and to call people to action.

We know there are a lot of barriers to penetrating this audience and disseminating information messages. These barriers include peer pressure, people fearing being left out, people not knowing the alcohol content of many products, media influences, easy access to alcohol, and inappropriate role modeling.

Keeping these possible barriers in mind: why shouldn't a youngster drink, how to get to those youngsters before they start to drink in large numbers, and how to persuade them, we came up with some messages having to do with things our target group is interested in (music, celebrities, squeaky clean people). It was difficult for us to determine what message to go with without talking to the audience. A lot of ideas had to be worked on with kids to find out their responses. Finally, we decided to shape the message to their needs and expectations, and persuasively portray the benefits of not drinking to them, not to parents, physicians, government administrators or contractors, but to the kids.

The message strategies were very carefully developed to ensure that they empower the youngsters with information. We prepared a variety of products which are popular for youngsters of this age. These included music videos and other materials such as kids' booklets to reinforce the message. As we all know, television goes in one eye and out the other, so it's important to get back to the youngsters with information they can act on in the classroom. In addition we created support materials for parents, teachers and pediatricians.

In this whole process, it's very important to seek the involvement of many other groups in order to ensure high credibility and full dissemination of the information. We worked 37 months before the campaign kickoff with the National Prevention Network to help shape the project that eventually resulted in this campaign.

At the same time it was important that groups such as the National Council on Alcoholism were also mounting their campaigns. They were using a different message strategy, but nevertheless were issuing a reinforcing message. We wanted to avoid conflict and confusion and worked to get the right kinds of messages to the youngsters at the right time.

Our activity in the mass media and in the production of materials is based on what we know from marketing research and from diffusion and innovation research. This follows the hierarchy of building awareness, creating a favourable climate, providing information for action, issuing the how-to message, and reinforcing the behaviour change once it is made. This is very important because some behaviour change decisions are very hard. If you quit smoking, you've got to stop every day. It's not like a one-time-only action, such as getting a polio vaccine. If you're going to get people to use their seatbelts, it's something they've got to do every day. They've got to be reminded of the benefits time and time again.

Let me return to the work on audience segmentation to find out how many types of people there are in the world. The third category I alluded to somewhat mysteriously earlier is represented by the people in this room. Besides those who want information and those who need information, we also have those of you who provide information, no matter what form it's in: the gatherers, the disseminators, the activators (SALIS, or the National Prevention Network, or other nongovernmental organizations).

What we're trying to do for this group, in support of the other groups, is to involve them in capacity building because they will be here after government programs may be gone. We have pulled together two separate working groups to give us advice on how to go about this program. The first group, the Information Dissemination Networking Group, has met three times. They have provided us with a number of recommendations: everything from supporting SALIS conferences to producing how-to guides, to conducting training workshops, to funding regional and specialized information dissemination centres, to providing access to national resources such as databases and literature searches.

The other group is comprised of 15 individuals (some state campaign coordinators, people from a couple of professional groups such as the American Academy of Pediatrics, the American Federation of Teachers, and others who had heavy involvement in the campaign), who give us recommendations regarding the mass media.

In conclusion, we've established a program and we're getting it under way. We have just selected two new contractors and, more importantly, have established two essential working groups to give us direction. We invite your ongoing participation because we value your input. Sometimes it may not be easy and we may sound defensive, but it's very important for us to base what we do on you as information disseminators, as franchisees, as people who really carry out the important task of information dissemination in the alcohol and drug area.

References

Harlem, O. (1977). *Communication and medicine: A challenge to the profession* (pp. 130). New York: S. Karger Press.

Jefferson, T. (1816, April). *Letter to Dupont de Nemours.*

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1987). *National trends in drug use and related factors among American high school students and young adults, 1975-1986.* Rockville, MD: National Institute on Drug Abuse.

Kotler, P. (1984). Social marketing of health behavior. In: L.W. Frederikson, L.J. Solomon, and K.A. Brehony (Eds.), *Marketing health behavior: Principles, techniques, and applications* (pp. 23-29). New York: Plenum Press.

Rogers, E.M. (1983). *Diffusion of innovations* (3rd ed.). New York: The Free Press.

Rothschild, M.L. (1979). Communications in nonbusiness situations or why it's so hard to sell brotherhood like soap. *Journal of Marketing*, 43(2), 11-20.

National Drug Strategy in Canada

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I appreciate very much the opportunity of being here for a number of reasons, but I'm particularly glad to learn more about your activities. It seems to me that some of the objectives of SALIS fit very comfortably, I think importantly, into some of the objectives of Canada's National Drug Strategy as it is evolving and as I hope it will continue to evolve.

Let me summarize briefly what I hope to cover today. I wish to give you some information about the alcohol and drug problem as I see it, and present to you a perspective of my own views on some of the important strategies. I will certainly talk about Canada's national drug policy and strategy. I'd also like to give you a bit of a review of some of the activities of the International Council on Alcohol and Addictions (ICAA).

Dr. Norm Sartorius, a man known to a number of people, once told the story of the famous mountaineer Sir Edmond Hillary. When asked who was first to set foot on top of Mount Everest, Sir Edmond refused to give an answer because he said that no one member of the expedition had been first. And he added significantly that the true makers of this successful venture were friends and allies who were committed to the project and who helped before and during the climb.

Almost anyone can climb to the top of a mole hill, but big mountains can only be scaled if people work together in true partnership. And certainly getting to the top of the drug and alcohol problems in this country and internationally, means that we need friends, colleagues, and supporters from all sections of the community, including our various levels of government. And this same principle applies, whether the geopolitical area is local, national, or international in scope. I think it applies very much to you, as information specialists, and to scientists, to clinicians, to educators, and to law enforcement officers.

I will not attempt to tell you anything about libraries. That's your specialty. It is not mine. But as a frequent user of libraries, I belong at the other end of the scale, those who covet libraries. I can state my strong conviction that a well-developed library, comprehensive in scope and content, covering the health, social, economic, legal, local, national, and international aspects of alcohol and drug problems, is certainly the foundation for the development of all kinds of intervention programs and strategies. This is the message that you've been hearing and will continue to hear from many people throughout, not only this conference, but in the days ahead.

Libraries provide the basic information for scientists and all of the professionals as well. Those of you who have visited the Addiction Research Foundation in Toronto, Ontario, may have noted that the library is at the very centre of the building, and it was deliberately planned that way, to provide easy access for all staff and for the persons from the community who need information and knowledge for their own work.

The knowledge and information contained in the library is, however, useful only when it is used, when it is transmitted, and very particularly when it is applied. Moreover, people have to learn how to use information after they learn where and when to find it. That to me is one of the challenges that we face in this country today.

A bureaucratic word that is used locally, nationally, and internationally is communication. It's kind of a boring word really, because it's used to apply to all conceivable situations. The absence of communication is used to explain away all kinds of bureaucratic misadventures, but I think the essence of the process of communication is simply people, people of many different backgrounds learning and working together, struggling when necessary toward a common goal. We do have a common goal. I think all of us here today will share this goal with our colleagues in other disciplines. I'm sure that all of us could agree that whatever our own particular perspective of the problem may be, our goal is to help people who are being hurt, directly or indirectly, by alcohol and drugs and at best our goal is to try to protect people, perhaps especially the young, from becoming harmed by alcohol and drugs in the future. I think that applies whether you're working in a library in Edmonton, a Customs post on the United States border, a research laboratory, a police station, a classroom, an information centre or even behind a desk somewhere planning a project's strategy or developing a program.

The goal, to reduce harm caused by alcohol and drugs, is also a clearly stated goal of the new National Drug Strategy, which represents a new interest in this area on the part of the government of Canada. Numerous developments have taken place in Canada, but primarily at the provincial level. That's where the knowledge and experience really is. The intervention of the national government and particularly on the demand reduction side is essentially a new involvement and one that certainly a number of us welcome.

Traditionally, there have been two main avenues that we've used in our efforts to contain drug problems. One has been to reduce drug use through education, community development, and all of the processes so familiar to us on the demand reduction side.

In Canada most provinces and territories have been working in this field much longer than the federal government. The Addiction Research Foundation was started in 1950. Other organizations, such as the Alberta Alcohol and Drug Abuse Commission, started in 1951. So there's been an accumulation of extensive experience.

The other avenue that has been used is to try to limit the availability of drugs through regulation, developmental programs in developing countries (drug-producing countries particularly), border controls, and law enforcement. This is known as the reduction of the supply side of the equation. The experiment of alcohol prohibition is the classic example of this strategy.

Until now most national governments have concentrated almost exclusively on the supply side. In many countries virtually all human and financial resources nationally and internationally have been allocated to police action to trace and capture drug traffickers, to maintain strict border control procedures, and to provide for severe sentences and penalties through the criminal justice system.

Singapore, for example, and Malaysia, currently invoke the death penalty for drug trafficking.

The rationale for this approach rests on the assumption that a substantial reduction, in the availability of drugs will result in a coincidental reduction of drug use and abuse. If the strategy were effective or even close to being 100 percent effective, we wouldn't be here today. The fact of the matter is that this unimodal strategy hasn't worked. The problems of alcohol and drug abuse persist and, in many countries, are increasing very rapidly.

Interestingly enough in Canada, the persons who have recognized this are those who have been in the past most committed to supply reduction: for example, the Royal Canadian Mounted Police (RCMP) and other police forces across this country. I was speaking with Commissioner Inkster, who is the new commissioner of the RCMP, and he has in essence sent the order down through the force that the RCMP drug division (around 1,000 people across this country) is to become more deeply involved in demand reduction and educational programs.

All right. I think we need to approach this question, whether we like it philosophically or not. The fact of the matter is this is going to happen. We are going to have the members of various police forces across Canada involved in community education. Now I think it's our challenge and our responsibility to welcome them onto our team. It is our clear responsibility to assist in training, to provide them with the kind of information that is necessary to convey a helpful educational message, and to assist them to seek out and use sources of information that are available through the innumerable, good library systems and other information sources that we have across this country.

As part of our own orientation, I think we have to understand that the forces that are arrayed against us are very formidable. The international illicit drug industry, in complexity, size, strength and structure, is essentially a multinational corporation, and probably the largest in the world. I think it's much larger now than Exxon, which I'm told is the largest legitimate multinational corporation. The illicit drug industry has its salesmen, the fellows that hang around the street corners selling to addicts. It has its vice presidents, senior executives in charge of territories. It has its buyers, bankers, teams of lawyers, and other specialized personnel, including enforcers. It's a well-developed multinational team that's operating this field. They even have special training courses or training schools where couriers learn to swallow and retain ever-larger quantities of drugs encased in rubber.

This multinational group does have the power to change the political map of a number of countries, which impacts strongly on national security. That's one of the reasons why the subjects of international traffic in drugs and strategies to approach drug dependence and drug problems were given priority on the agenda of the United Nations. As a result, the Secretary General sponsored a major international conference on illicit drugs in Vienna just this past year.

The engine that drives this system is money, enormous sums of money. We need to have a clear understanding of what the system's all about in order to fashion the kinds of responses that we in Canada are able to make within our own country, in the United States, and internationally. We need to get a good handle on the way the international illicit drug industry operates.

I'm convinced personally that all of us in demand reduction and supply reduction at local, provincial, national, and international levels must stretch our imagination, stretch beyond our traditional roles and start to work with each other to counter this behemoth, because a unimodal strategy will not be successful. We can't do it alone. There's just no doubt about that at all.

I have watched this trend for some 30 years in the United Nations' system. I have seen the frustration experienced by those strongly committed to reduction of supply when, in spite of the millions of dollars going into the law enforcement programs in various countries throughout the world including large contributions from the United States, the problem of illicit drugs continues to escalate. I observed and participated in the thrust to focus the attention of the members of the United Nations Commission on Narcotic Drugs on the importance of demand reduction. But we know now, through experience, that demand reduction programs by themselves will not "solve the problem."

And that's why I believe it's important that we begin to work together as a much more unified team than we have in the past. This is easy to say, but it's going to be difficult to do, because in the face of the smooth-running illicit drug industry I note, and with some regret, that our field of addictions is disorganized, and is riddled with territoriality. Researchers cannot, or sometimes will not, communicate with educators. Federal and provincial officials compete for status and we behave as if we're on a team in which every person on that team wants to be the captain.

Now, I think in the demand reduction programs (research, treatment, prevention) we tend to scoff at the police. We've felt that they're sort of on the other side of the fence and they've felt the same way about us. The fundamental operating philosophy in the past has been to protect your own turf. Sometimes there have been less refined words used to describe that phenomenon. That may be good for our egos, but it doesn't do much for our communities, for the people we're trying to help, and it doesn't do any good for our country.

In Canada the National Drug Strategy reflects some of the hard lessons that have been learned both internationally and through Canadian experience. It emphasizes a comprehensive, balanced approach attempting to draw together the traditionally separated workers to which I've been referring. The development of the strategy really does reflect, in my opinion, some of the lessons we've learned. We've put together a most unusual organizational structure, for the Canadian government at least, and perhaps for other governments as well. An interdepartmental committee, or secretariat, was formed. This consisted of senior persons seconded to the secretariat from the various departments of government involved: Health and Welfare, the Solicitor General, the Department of Justice, Customs, the RCMP, the Department of Indian Affairs and Northern Development and others. All of the departments that really had some major contribution to make to this field were involved in this senior secretariat. The purpose of this interdepartmental group was to formulate Canada's drug policy and strategy.

The strategy, as you probably know, was approved by the Cabinet and by Parliament. An amount of $210 million has been allocated to the strategy over the next five years. This is to be maintained as a base budget level for the national part. Now we all know that if you take a look at the provincial budgets and total them, the sum will be substantially more than $210 million. By putting these two sums together, if we can bring about this federal-provincial relationship, I think we can make some progress. Money alone, however, is not going to do it; it's going to take people.

Some of the initiatives in this strategy encompass a key line of defense against drug abuse by means of comprehensive, sound education and prevention activities, including mass media and information campaigns.

Through the strategy we have made provision for coordinating and strengthening drug enforcement efforts directed primarily to the illicit drug trafficking system. In my opinion, there's a great need in Canada for a "centre of excellence", or research centre, that would concentrate on the nature, extent, and impact of the national and international trade in illicit drugs. Authoritative data is very sparse. The estimates of the cost to the country put out by the RCMP range from $2 billion to $20 billion. Estimates coming out of the Drug Enforcement Administration in the United States are much higher, but they are only estimates. Real knowledge in this area is also rather sparse. In my opinion there should be a very strong, well-developed, and critical mass of scientists that would concentrate on this issue. Special attention should be paid to the impact of this business on the economy of our country.

There is a fundamental need for good, solid library resources to back up the National Drug Strategy. The emphasis on a balanced approach between supply and demand reduction programs suggests that you should all examine the contents of your libraries because I believe the collections should be extended to encompass this whole area of illicit drug trafficking. If we're going to develop a comprehensive, coordinated, well-developed, collaborative program, we're going to need a solid information base.

There is provision for sustained collaborative international action. This will include support from the Canadian International Development Agency (CIDA) for comprehensive community development projects in drug-producing, developing countries. Specifically the government of Canada will stipulate that Canada's contribution to the United Nations Fund for Drug Abuse Control (UNFDAC) be used primarily for programs emphasizing rural development projects targeted at basic health care and education in developing countries. CIDA has also stated that priority will be given to projects developed and implemented by nongovernmental organizations (NGOs), such as the International Council on Alcohol and Addictions (ICAA), which is the most influential international NGO devoted exclusively to work in the field of alcohol, drugs, and tobacco.

Another area in the strategy is "a sustained national capacity to permit existing experience and expertise located across Canada to be capitalized on for the benefit of all Canadians." That's the terms of reference of my task force. One of the objectives will be to try to ensure that the experience which has been developed in provincial programs is made available to all Canadians. In essence what we are doing is examining the major well developed programs, sometimes referred to as centres of excellence, and selecting those that can be extended to serve this country as a whole. For example, Alberta has a well-developed public information system. The Addiction Research Foundation of Ontario has major research and training programs. The research program is a product of a critical mass of scientists that have been working in this field for a number of years developing and evaluating various treatment and prevention programs. Information from this group should be made available and, in very practical terms, effectively applied across this country.

I am also responsible through this task force to recommend the kind of organization that will be required to make the system work and the kind of finances that will be needed. The former, the organization, will be an interesting task because of some of the elements that have to be built into it. It has to be a mutually beneficial partnership between the federal and provincial agencies. I will have to work closely and carefully with the developed centres and organizationally, it has to be established outside of the civil service systems in the federal government. I'm giving my own opinions in advance. These are the areas that I'm examining rather carefully and this is the general direction I will be taking. The Minister of Health of Canada knew that before he asked me to undertake the responsibility.

It's easy to talk about all of this. It's going to be difficult to implement. There are certainly great differences in human and financial resources and program development across the country. It is important to realize that a program that works well in Ontario or in Alberta may not be effective or even appropriate for Newfoundland or New Brunswick. The same is true for developing countries. A program that works well in Toronto or Chicago or New York or Washington, should not be seen as something that can be transported to Nigeria, for example. I think Dr. Mahler of the World Health Organization has consistently used the word "adapt", adapt rather than adopt. This is an important concept. The onus in the international community is for the developing countries to look, to learn, and to adapt programs to their own situation and their culture. The onus on the communities in Canada is going to be to look, to learn, and to adapt. And that's what we are going to attempt to create.

I've spoken briefly about the RCMP, about the need for a team approach to this whole process, a team approach at the provincial, federal and community levels. The function of the library, librarians and the information specialists is to provide the basic information for the various systems that must be developed.

I'm going to quote to you from a federal government report that Margy Chan called to my attention. It's a Canadian report, and I'll quote some parts that I think are relevant to your interests.

This report observed that "there was an urgent need for some coordinated system on a national scale to collect, classify, index, evaluate, and disseminate timely information on various aspects of nonmedical drug use." And it stated that "there must be some efficient source of disinterested and authoritative opinion, independent of political pressures to which those seeking information could turn for guidance, for public policy, education, medical, scientific, and personal decisions." The authors of the report recommended the creation of "an appropriate national information program" and that this be given high priority.

The report went on to recommend that "an ideal national information network should be capable of providing various services to a wide range of users, scientists, medical and other treatment and rehabilitation personnel, legislators, government administrators, educators, teachers, students in various levels of school and university, industry, other private organizations, news media reporters, justice, law enforcement personnel, clergy, librarians, and other citizens, including drug users of all ages."

It stated clearly, again, that the "federal government should maintain an up-to-date inventory of indexed lists of projects, titles, researchers, abstracted on current drug research in Canada and in other countries. Further efforts should be made to include provincially and privately funded and conducted research, as well as the university projects financed through federal sources." And it recommended that "the federal government should ensure that special effort is made to improve Canadian communication in this area."

The title of the report is *The Le Dain Royal Commission of Inquiry into the Nonmedical Use of Drugs*; the date, 1973. I think perhaps Gerald Le Dain may have written part of my report, because I intend to lean fairly heavily on the insight that he had developed in his group at that time.

It was a five member Royal Commission and it ended up with three reports, one major, two dissenting. You can see immediately the benefit of a one member commission. You don't have to argue with too many people. But the recommendations were never implemented; the political will disappeared when the drug panic ended. It's up to us now to elevate that political will because the key to establishing an effective program depends in large measure on strong political support.

Now I would like to say a few words about the International Council on Alcohol and Addictions (ICAA). It has official status with the United Nations and with WHO and has worked closely with the United Nations' organizations over the years. The major thrust of ICAA is information transfer, which is the sharing of knowledge and assisting in the application of this knowledge so that the health and social damage caused by drugs and dependence producing substances may be reduced, particularly in developing countries. We have a number of training programs under way, particularly in Africa. The programs are aimed at assisting these countries to become more self-sufficient through training a substantial number of trainers. The training programs have been going on for a number of years, financed primarily through the United Nations Fund for Drug Abuse Control, but also through the Canadian International Development Agency and other sources. I think the development of good library resources is a fundamental need in the developing countries where these projects are located.

The International Council has a number of specialized sections which meet annually at the time of the regular international institute. I invite you to consider the possibility of forming a special section of ICAA and thereby, through ICAA and through WHO, becoming linked very directly to major international activities and to other national and international programs in our field. I think it would be helpful to your perspective and I have no doubt that you could be tremendously helpful to those who attend the meetings and conferences of ICAA.

I stated at the beginning that the essence of planning an effective program in our field, whether in Winnipeg, Halifax, Vancouver, Geneva, Thailand, Bermuda, or elsewhere depends finally on our willingness and ability to work together, in spite of our great diversities. It depends on a strong commitment to a common goal, namely to reduce substantially the health, social, and economic damage to our community and to our country caused by the use and abuse of alcohol or drugs and other dependence-producing substances.

Your contribution as librarians and information specialists is absolutely crucial to help us achieve this goal. So the mountain top is there. We'll need each other's help to get there, and so let's go.

QUESTION: I'm enthusiastic about your suggestion about SALIS perhaps aligning itself with ICAA as a special section. Could you possibly explain to us a little more how you might view that alliance? What it would mean? What services we might be able to provide to the ICAA and what services in return?

DR. ARCHIBALD: First of all, aligning with ICAA would provide a quick opportunity, a regular opportunity, for information exchange at the international level. The way to achieve it, of course, is rather simple. Write to me or to the head office in Lausanne, Switzerland. We'll present it to the Board of Directors. I think the Board of Directors will say, "Yes, we'd love to have you."

We do not have a section of information specialists such as yourselves and that is, to me, an important beginning. So you, in fact, could make yourselves known to many of the people attending the international congresses from developing countries. You could see the needs very directly. I can see nothing but positive results.

The responsibility for developing the program within that section rests with you, not with ICAA. We'll set up some guidelines, of course; but they're not firm or rigid. There are some 15 or 20 specialized sections. Joining the ICAA team is quite a simple procedure.

References

Canada. Commission of Inquiry Into the Non-Medical Use of Drugs. (1973). *Final report*. Ottawa: Information Canada.

Perceptions of a Researcher: Looking for Information in the Alcohol and Drug Field

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The alcohol and drug field is young and rapidly evolving, and continues to display the competition of numerous points of view. As such it provides the researcher with fertile ground for investigation and places heavy demands on information providers.

The field has advanced in that there has been significant movement away from the view of "alcoholism" as a unitary "disease" arising from a single cause. It has become increasingly useful to view alcohol related problems as developing within a dynamic bio-psychosocial process, reflecting the interplay of biological, developmental, and cultural variables (Pattison, 1981). Treatment practitioners and researchers have expanded their focus beyond late-stage addicted alcoholics to groups whose drug use impairs their capacity to function with their families, in their jobs and communities. In treatment, biomedical and psychosocial techniques are being used together (Saxe, *et al.*, 1983). Many communities can now offer a continuum of care to meet the needs of diverse groups through intervention, assessment, and problem-specific treatment.

Prevention has evolved in a similar fashion. The classical public health model provided the basis for prevention in the addiction area during the 1940s and 1950s. These efforts were inspired by the spectacular successes achieved, during previous decades, in the fields of preventive medicine and public health in industrialized countries. Since the 1950s, learning and sociocultural paradigms have guided the majority of prevention efforts, at least in North America (Perry and Murray, 1985).

Despite the dominance of the public health model, one other major contending approach to prevention is the addiction-specific distribution of the consumption model which is based on aggregate drinking practices of large populations (Rush and Gliksman, 1986). Supporters of this model advocate regulatory measures to maintain the relative price of alcohol at sufficiently high levels to reduce the average consumption of the population (Schmidt and Popham, 1978).

The modest results achieved to date by any one of these approaches reveal a fundamental weakness: each focuses narrowly on one or another aspect of addictions without considering that these problems are enmeshed in the larger social system. There is pressure to evolve the field and expand the focus of the problem to include important contributing factors from the environment, such as marketing, availability, and social controls. New approaches are emerging which appear to be combining approaches and integrating strategies into more global frameworks (Skirrow and Sawka, 1987). This is reflected in the growing popularity of health promotion and empowerment of individuals as the guiding principles of many new programs in the addiction and health fields (Epp, 1986; Kickbusch, 1986; Sarner, 1984; World Health Organization, 1984).

Within this diverse field, there are many kinds of research and many contexts in which it can be conducted. Three distinct but overlapping types of research can be identified: policy development, program development and program evaluation. Each type of research demands that the researchers access certain kinds of information. Such demands carry direct implications for librarians and information specialists.

Without discussing each type of research in detail, five factors related to the search for information stand out: timely information on current topics, specificity of subject, diversity of sources, accessibility of information, and fragmentation of the information base. These factors operate singly or in combination and pose unique demands for each type of research being undertaken. By discussing these factors the information needs and implications are uncovered.

At times an addiction issue assumes a very high position on the public agenda. One not-too-extreme example could be the announcement of a breakthrough discovery of a drug capable of controlling the craving response in chemically dependent clients. The emergence of such a topic could have an impact on researchers in several areas: direct and dramatic impact with the researcher writing a research paper on treatment approaches; a good deal of impact with the investigator working in program development; but quite likely only limited impact with the program evaluator.

In such a case, most people would seek the latest, most timely information on this topic. For this reason, the two factors of timely information and current topics are considered together in the present discussion.

In actual practice, policy and program development research are directly or indirectly involved with new or evolving issues. In both of these research areas, the key challenge with current topics is to get the most accurate and timely information. In some cases of proactive policy development, the information needed to make a fully informed decision may not even exist at present. For this reason, leaders of organizations are often as much guided by their intuition and judgment as by hard data. Their decisions await the verdict of experience and future research.

The urgency around this task is usually directly proportional to the degree of associated controversy, the nature of the political context, and the timelines involved. Not surprisingly, these factors usually combine in volatile form in policy-related research.

In the event that the policy researcher is called upon to assemble information to clarify the agency's position on a current issue (for which there is no formal, written policy position to reference) the emphasis will be on quick assembly of the most relevant facts. In such cases, the researcher concentrates on gathering "intelligence" on the issue and formulates a recommendation combining data, logic, and insight to be considered and affirmed according to the wisdom of decision-makers. A position will be adopted in practise, then if all goes well, it will eventually be confirmed by experience and research.

If the researcher works in an evaluations area, there may be the luxury of a slightly longer timeline to allow a more extensive review of the literature in related areas.

For a policy researcher, timelines will often be shorter. As an example, a researcher may be asked to assist the minister in charge of addiction matters to respond to queries from members of the government. In respect to a query related to the possible use of warning labels as a preventive technique, a quick assessment may be required as to the scientific validity and political merits of implementing such a strategy. Circumstances dictate that the response will be based on information that can be easily located. As this example illustrates, the difficulties compound if specificity of topic is combined with recency of the issue and the need for timely information. However, what the policy researcher loses in timeline may be gained in brevity. There is usually a trade-off between the requirements of scientific rigor and the practical requirements of insight, soundness of judgment, and the ultimate utility of the recommendations in serving particular administrative or political ends. Regardless of context, when hard pressed to locate references that can be used to document some specific issue, the researcher often has to settle for older, less focused, and therefore less useful, information.

The literature in the substance abuse area comes from a wide range of organizations: government departments at various levels, government and private program-delivery agencies, academic and non-profit organizations, professional associations, as well as community and special interest groups. The intended audiences range from scholars to the lay public.

From these diverse sources comes an equally diverse range of printed materials: monographs, edited anthologies, conference proceedings, reports, papers, and serial publications that are devoted exclusively to the field (Page, 1986). The information these sources provide varies greatly in timeliness, detail and specificity of subject matter. For the most part, the various research domains are well served by this array of source material.

Each of these research domains also maintains somewhat independent and unique interest areas. For example, the program development researcher may need sources within the specialty of addiction treatment but, in addition, could also use journals devoted exclusively to specific kinds of therapy (adolescent intervention and treatment, for example), if such were available.

The prevention program worker is apt to require an even broader range of materials from an array of disciplines beyond addiction prevention per se: education, health, mass communications, marketing, law, social work, and the social sciences.

The evaluation researcher has a broad scope of particular interests. In addition to materials dealing specifically with the evaluation of addiction programs, there could also be requests for books on computer-based information systems, computer hardware and software support, and the range of items concerned with experimental design, survey methods, and statistical analyses, epidemiology, and demography.

The policy researcher will also consider a variety of sources: policy documents from "think-tank" organizations, analyses conducted by other government agencies, legislative debates, results of public opinion studies, news stories and editorial commentary, for example.

The demands placed on addiction libraries for specialized materials is very great. The presence and accessibility of these sources will contribute substantially to effective research being conducted, and researchers will actively pressure libraries to make these materials available.

Clearly, researchers in the alcohol and drug field can be omnivorous users of information. However, before this information can be put to effective use, it must be readily accessible.

Accessibility of documents potentially affects all areas of research. Any researcher will obviously be frustrated by being able to locate citations to relevant documents, but not being able to get hold of them. The extent to which this becomes truly problematic depends mainly on the researcher's timelines and the library's ability to access remote sources and bring items in through interlibrary loans. Problems around access are likely to be felt most acutely by the policy or program development researcher. The shorter the timelines, the more of an obstacle it becomes.

Fragmentation of the information base is a feature of the addiction field that contributes significantly to the issue of accessibility. This arises in part because of the multi-disciplinary nature of the addiction field. The literature partially compensates for this by offering monographs, edited anthologies, journals, and conference proceedings that bring together studies and information on a national, continental, and even international scale. These sources represent only the tip of the information iceberg.

A significant amount of the innovative program development, especially in the prevention area, is occurring outside of the traditional, mainstream institutions. There is a great deal of prevention-related literature in Western Europe which is largely unavailable and inaccessible in North America, and vice versa. Much of it resides in state and front-line agencies in the health and addiction fields. On a global scale, a similar relationship exists between the developed and developing countries. In both situations, a host of long-recognized difficulties arises in terms of translating words and concepts accurately, identifying appropriate users, achieving cultural relevance, using suitable media, packaging, and communication technologies, and so on (Adam, 1975). However, the situation is far from bleak, and is steadily improving. For example, the World Health Organization is attempting to facilitate the adaptation of useful programs and information in developing countries, with the active assistance of a number of regional addiction agencies.

A major amount of planning and program development information and evaluation data associated with this programming goes unreported in the conventional literature. This represents an untapped resource of considerable importance to practitioners, if not to scientific audiences. It remains largely out of grasp, and contributes to the fragmentation of the information base of the addiction field.

This fragmentation is the bane of all researchers facing a tight time schedule. It also figures prominently for the program development or evaluation researcher who needs to obtain that one critical study or report to shed light on some crucial point or decision.

An important challenge facing addiction agencies is to seek unconventional ways of making this information accessible to researchers and other practitioners. Substance abuse libraries need to play a major role in meeting this challenge.

The multi-disciplinary nature of the field complicates the lives of researchers and librarians. Researchers demand informational support not only in the addiction area (treatment or prevention programming, evaluations research), but also from the many disciplines from which they draw their expertise. The demand for substance abuse libraries to amass material on a wide range of subjects beyond the addiction focus is very great indeed.

Many addiction agencies are, however, operating in a climate of budgetary restraint. They are being pressed to improve efficiency, to implement programs of proven effectiveness, to reduce lower priority services. In the push to cut budgets, information services are extremely vulnerable since they do not immediately and directly affect the agency's bottom line: the capacity to respond to the needs of clients. However, effective program development, in both treatment and prevention, rests in no small part on good information and solid research. One can only assume that weakening the information services will, in time, lead to a weakening of the field itself.

To the extent that addiction organizations remain research and information driven, then substance abuse libraries and information specialists will continue to play an important role. Substance abuse libraries face a challenge in continuing to shape this viable role and function for their specialty. Hopefully, this will not occur in isolation but as part of corporate decision-making about the nature of information services in the substance abuse field. Hopefully these decisions will take into consideration the organization's needs as well as demand from both researchers and other users within, and other groups without.

References

Adam, R. (1975). A world information system for the social sciences. *Aslib Proceedings,* 27(7), 286-293.

Epp, J. (1986). *Achieving health for all: A framework for health promotion.* Ottawa: Health and Welfare.

Kickbusch, R. I. (1986). Health promotion: A global perspective. *Canadian Journal of Public Health,* 77(5), 321-326.

Page, P. B. (1986). Alcohol research information: A guide to resources. *Behavior and Social Science Librarian,* 6(1/2), 1-14.

Pattison, E. M. (1981). A bio-psycho-social analysis of alcohol and drug abuse: Implications for social policy. In *Man, drugs and society: Current perspectives. Proceedings of the First Pan-Pacific Conference on Drugs and Alcohol* (pp. 66-80). Canberra: Australian Foundation on Alcoholism and Drug Dependence.

Perry, C. L. and Murray, D. M. (1985). The prevention of adolescent drug abuse: Implications from etiological, developmental, behavioral, and environmental models. *Journal of Primary Prevention,* 61(1), 31-52.

Rush, B. and Gliksman, L. (1986). The distribution of consumption approach to the prevention of alcohol-related damage: An overview of relevant research and current issues. *Advances in Alcohol and Substance Abuse,* 5(4), 9-32.

Sarner, M. (1984). Marketing health to Canadians. *Health Education,* 23(2), 2-9.

Saxe, L., Dougherty, D., Esty, K. and Fine, M. (1983). Approaches to alcoholism treatment. In *Health technology case study 22: The effectiveness and cost of alcohol treatment* (pp. 23-32). Washington: Office of Technological Assessment, Congress of the United States.

Schmidt, W. and Popham, R. E. (1978). A single distribution theory of alcohol consumption. *Journal of Studies on Alcohol,* 39(3), 400-419.

Skirrow, J. and Sawka, E. (1987). Alcohol and drug abuse prevention strategies: An overview. *Contemporary Drug Problems,* 14(2), 147-241.

World Health Organization. (1984). *Health promotion: A discussion document on the concept and principles.* Copenhagen: World Health Organization.

Databases as a Vehicle for the International Dissemination of Information

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A government official in a developing country is concerned about the evidence of alcohol use and its effect on the overall health of the population. He would like to influence his own national government to move toward a comprehensive health policy that would address the production and use of alcohol in that country. A private agency in a developed country would like to educate adolescents about the dangers of street drug use; the head nurse in a medium-size North American hospital is given the task of providing an in-service to her staff on the effects of heroin on babies born to addicted mothers; and finally a student in a western university needs statistics on the amount of cocaine traffic in her country. All of these people have one thing in common; they need information.

This paper will address the need for a more efficient method of gathering information in the drug and alcohol field and perhaps, plant the seed of an idea that will lead to a common goal: the establishment of an international bibliographic information system. It will not address the fact that information itself in today's complex and changing world is anything less than critical to our policy makers, researchers, planners, enforcers, counsellors, educators and the general public.

An unpublished paper by Mitchell (1985) reported that not one publicly accessible on-line database indexed all twenty-nine basic journals in the alcohol field, although I have information that a National Institute on Alcohol Abuse and Alcoholism (NIAAA) database may be publicly available soon through a commercial vendor. As providers of information, librarians in this field know that to find information on the psychosocial aspects of alcohol or drug use, it is necessary either to search several social and psychological science indexes manually, or to search their on-line equivalents. The information that is found is largely from readily accessible published North American or British materials. These commercially available databases or indexes are not at all comprehensive in their coverage of government documents and the "gray" or "fugitive" literature. The medical aspects of drug and alcohol use are much more accessible through a search of MEDLINE, the on-line database of the United States National Library of Medicine or the paper equivalent, *Index Medicus*.

There are other difficulties. Literature in the social sciences presents a further challenge to bibliographic control because, compared to the sciences and technology, the vocabulary is less precise and is in a state of constant evolution. The social sciences, even the relatively narrow alcohol and drug field, present a vast array of subject areas and a wide range of users with varying levels of skill, for example: administrators, social workers and practitioners (Adam, 1975). In a developed country, these difficulties may be overcome to one degree or another depending on the skill of the searcher and access to on-line facilities. One can only imagine the problems that confront the seeker of information in a developing country. Difficulties include lack of funds to build library collections, lack of a publishing industry to document its own research, and poor telecommunications. All of these taken together conspire to keep many developing nations information poor. If access to indexes or on-line databases is available, most of the information which is found has been produced by the developed world and may not be applicable to the needs of a developing nation.

In summary, the situation is that for both developed and developing nations, there is not one source of information in the drug and alcohol field that could be considered to be comprehensive.

Because of the difficulties, it would be to our advantage as substance abuse librarians, to work towards creation of a cooperative international information system, one that covers the sociopsychological aspects of drug and alcohol use. A project of this nature would take years to bring to fruition, but several models already exist to draw upon. Two of the pioneers are INIS (International Nuclear Information System) and AGRIS (International Information System for the Agricultural Sciences and Technology).

Before we can discuss the merits of such a goal, we need to consider what constitutes an international information system. John E. Woolston, who has written extensively about cooperative international information systems, has developed a very good definition, defining each word in the phrase. Working backwards by starting with "system", he has defined this difficult and overused term as "being an organized set of operations." An information system is something "that delivers information that is useful to the consumer or the user of the system." Therefore, a bibliographic information system is one that identifies documents that contain this information.

To this point we have a definition for an information system with special reference to a bibliographic information system. Moving on to define the next part of the phrase, a cooperative information system is one that is produced and maintained by partner organizations. These organizations would be involved in discovering, reporting and using the information.

The final term in the phrase is international. Now we have "cooperative international information system": a system in which there is cooperation among nations or cooperation among governments of nations (Woolston, 1979).

A cooperative international information system may or may not be computerized. If the records of a system are arranged in a particular sequence, they constitute a database. In the context of this paper the use of the term "database" will imply a computerized system. So now we have a cooperative international information system that is computerized and stores the information or records of the information in a database.

To put further emphasis on the terms "cooperation" and "international", in the words of Elizabeth Miller of the United Nations Department of International Economic and Social Affairs in New York, and Kate Wild of the International Development Research Centre in Ottawa: "The system must be open to the participation of all countries; each must have a say in its management; and each must have an equal access to its products and services." (Miller and Wild, 1979).

Returning to INIS and AGRIS as examples of cooperative international information systems, these are decentralized systems operating under a coordinating body, which is international in scope. Each member country is responsible for deciding which information from within its own borders will be included in the system. A member is responsible for creating the records and sending them to a central agency for inclusion in a database. The member is also responsible for housing the information and making it available to other members. In exchange, the member is provided, by the central agency, with indexes in various forms for local use. Strong central management worked together with member countries to design standards and responsibilities and continues to coordinate the system. While these systems are not without challenges, they do serve an international market with international information that has been generated internationally.

Woolston has written about three types of information systems. They are systems which focus either on a discipline, an economic activity or a mission. Up to the time immediately following the Second World War, most information systems were built around a scientific discipline. Most of the information therein was produced, organized and used by members of that discipline. For example, *Chemical Abstracts* was created by the American Chemical Society and used largely by research chemists. By World War II, information systems were being defined by economic activities which gave information an economic value. The U.S. National Aeronautics and Space Administration space-science information system is an example of an economically based system rather than a discipline oriented system. In recent years, the systems developed have come a step further and have been created for economic and social reasons. These are the "mission-oriented" systems, so called because they have as a purpose economic and social development. In a mission-oriented system, the concern is with application of knowledge drawn from a wide variety of disciplines, using technical, economic, social and legislative information (Woolston, 1979).

Increasingly, the information generated and stored is produced by governments or government agencies and the information is sought by government or government agencies. The application, the main concern of the mission-oriented system, is the decision making of our governments.

There are many challenges to overcome before systems or databases such as INIS and AGRIS could be established in the alcohol and drug field. Very few nations actually have an information policy, and establishing a system would involve commitment by senior government officials to the project before it could succeed. INIS was created because in the early 1970s the political will existed in the U.S.A. and U.S.S.R. to work toward nuclear detente. AGRIS did not have the same political support though food and agriculture issues are critical to most countries. It appears that this lack of political support has caused difficulties for AGRIS, as major contributing countries jealously guard their systems and interests. Drug and alcohol use, drug trafficking, importing, and drug enforcement are issues that cross international boundaries. Therefore, it may be possible to gain the support of high level officials and politicians as they begin to see that access to information is critical to their policies and planning in this area.

The complex infrastructure of drug and alcohol information bears some resemblance to that of agriculture. For example, several countries have agencies or national libraries that collect their national literature and to some extent, international literature. There are many databases but none exist that comprehensively identify and collect literature internationally. While developing countries have poor access to the most limited amount of information, there are competing interests in developed countries that will have to be convinced it is to everyone's best interests to work cooperatively to achieve a broader goal.

Some of these interests are held by national or agency libraries with extensive collections. They may feel competitive rather than cooperative toward an international effort. Developed countries may feel that the database will be more useful to developing countries. Commercial database vendors may feel that unfair competition would exist. These are all problems that plague the development and success of AGRIS and may apply more or less to the creation of a drug and alcohol database. They are valid concerns and must be addressed.

Large libraries that already exist could still benefit from a cooperative international system. Each country or region would identify and collect its own documents and make them available to other contributing nations. Consequently, time and effort would be saved in tracking down documents from other jurisdictions.

While an international system might appear to be the most useful to developing nations, since it would make the knowledge of the developed nations more accessible, this suggests that the flow of information would be largely one way. Unlike the applications and knowledge based in the sciences and technology that flowed from the developed to the developing world, the solutions to the social problems caused by drug and alcohol use and drug trafficking cannot be seen to originate in any one developed country.

Nationally produced commercial databases are at this time not supplying the international market of developing nations. Problems include lack of telecommunications technology, lack of relevant information in the database, high costs to promote services to small markets, and lack of funds in developing countries to purchase the services (Woolston, 1984).

In a mission-oriented information system where the members of the system participate on an equal basis and according to their needs, the imbalance of available information could begin to be redressed. A single developing country might find better access to its own information as well as to information produced by other developing and developed countries.

How would such a system work? Operating under the administrative umbrella of an international organization, each country or region would designate an existing library or agency to act as a "focal point library" or collaborating centre (Carmel, 1984). This library would collect and organize the literature of that nation or region. Records would be created according to standards agreed upon internationally, and the records would be forwarded to the coordinating body for inclusion in a central index or database. In addition to the role of identifying and indexing the materials, the collaborating centre libraries serve as repositories for the material so it remains accessible to users locally or through interlibrary loans.

The administrative agency would produce an index which would be made available on a monthly or quarterly basis to each participating country or collaborating centre. Using today's technology, it would be possible to create an on-line database and record the data on CD-ROM's. Rather than a printed index, the CD-ROM's could be distributed, providing the advantage of an on-line system to countries where poor telecommunications have made on-line searching impossible or difficult in the past. Document delivery could be in the form of photocopies or microfiche, both of which utilize readily available technology.

The advantage of a system such as this is that the drug and alcohol literature of the world would be accessible in one central database from which a current awareness or scanning service eventually could be offered. Duplication of labour and efforts of collection building could be reduced. National and regional literature would be better organized and more accessible within the developing country itself than it is now. During the establishment of this system, the needs and expectations of all participating countries would be discussed and incorporated into the system.

Costs for the establishment and maintenance of such a system would be distributed among participating states according to the amount of use of the system. This would likely result in the larger developed countries paying more and the smaller developing countries paying less, a formula that seems fair and logical.

In conclusion, models for such an international information system exist and are operating with relative success. The idea of a similar system in the drug and alcohol field is not unreasonable or impossible to achieve. As librarians and information specialists working in the field of substance abuse, we are the logical group to begin working toward such an information system.

Where do we start? We start by searching out more information about international systems already in existence and by investigating international organizations that would support such a system. We start by networking with other information specialists working in international settings. We start by joining international associations and learning more about the needs of developing countries. We start by educating our own agencies and governments and gaining the support of high level officials who have the influence to affect change. We start by beginning the movement toward a spirit of cooperation and innovation.

This paper is the first of many steps that will be taken if we as a group adopt the challenge of such a goal.

Question: What would be a mechanism for the acquisition of the documents to be indexed by the system? Say, if something gets produced in Botswana, how would a system such as this acquire it and make it available to the rest of the world?

Linda Scott: It would be up to each nation to identify its own information and contribute to the system. The literature indicates that when AGRIS was started it did help the developing countries to better organize their own information. If someone does a study or a report, it is sent to the national or regional collaborating information centre, clearinghouse or national library. The collaborating centre or library then sends the document to the international collection centre. Before this system existed, reports and studies just went into top drawers or file cabinets and that was the end of it.

Comment: I think we have a start now with the database that the United States National Clearinghouse for Alcohol Information has been putting together for the last 16 years. We could start with the U.S., Canada and Australia which have some systems going now and eventually invite other countries to contribute to the database.

Linda Scott: I think that is one possibility, however I'd just like to make one point in relation to that. One of the criticisms of the nationally developed databases is that they don't address the needs of the developing countries. Marcus alluded this morning to cultural imperialism. The information the developed countries have to offer may not be the kind of information the developing countries need. The man in Botswana may be more interested in what his neighboring country is doing than in what we are doing in Canada. Although, ultimately he may be interested in what Canada is doing as well.

Comment: I was recently in Sri Lanka and we were asking questions of someone at the Alcohol and Drug Information Centre in Colombo. It turned out that a lot of articles that we were aware of they did not have in their library. So, it seems to me, we know that in at least some cases, developing nations don't have the literature about their own country in their own libraries. We've got the technology. We may be able to put a system together and to enter into that system information for those countries which they themselves don't seem to have right now.

Question: I don't know if you knew that UNESCO has done programs for developing countries to help them to look after their own information?

Linda Scott: Yes. There is one system which UNESCO developed called UNISIST and it helps developing countries look after their own information. In the past, the focus has mostly been on science and technology but recently there has been a move into the area of health, which would be relevant to us.

Comment: I have one comment to do with the technology, the telecommunications problem with developing countries accessing databases. One strategy is CD-ROM. But I think that there are other new technologies being developed and if one is not feasible there are other possibilities.

Comment: It sounds as if the most immediate problem would be just setting up the international cooperation needed to acquire the documents so that as these technologies develop, which they certainly will within the next ten years, we can take advantage of them.

Comment: I'm from a medical school library. Last month we hosted 15 representatives from medical schools in Liberia, Zimbabwe and Nigeria. They very pointedly told me that they were really not very interested in high technology because they have nothing or no way of using it. They were interested in books. Their textbooks were ten years old. But I'm very pleased to see your interest in developing countries because I think particularly the African and Southeastern countries really do need help from us. I think we are in a position to help them manually as we are now and to work up to the higher technology. I think your interest in this is very, very commendable and I will take this back to my school and to our program and tell them about this.

Comment: I think whatever planning goes into developing an international system is also going to help the local level. I think to have a goal such as this compels individuals to work harder and I think it may be of interest to high level officials.

Comment: I had just one comment that refers to something I said this morning and that is you are in a powerful position. I think the long-term objective may be this fully shared international database, but I think it would also be useful to think of intermediate steps. What could you do now that would be useful? What could you do next year? I think that even if the fully-realized plan seems a little remote and hard to realize, you know that the steps you take towards it are going to be important in themselves and are also contributing to the long term aim.

References

Adam, R. (1975). A world information system fo the social sciences. *Aslib Proceedings*, 27(7), 286-293.

Carmel, M. (1984). The World Health Organization and National Focal Point Libraries. *Focus*, 15(3), 27-28.

Lancaster, F. W. and Martyn, J. (1979). Assessing the benefits and promise of an international information program (AGRIS). *Journal of the Americal Society for Information Science*, 29(6), 283-288.

Mann, E. J. (1986). Past, present, and future developments in the transfer and dissemination of agricultural information: The case for a single, coordinated, world agricultural information system. *International Association of Agricultural Librarians and Documentalists Quarterly Bulletin*, 31(1), 5-9.

Miller, E. K. and Wild, K. (1978). A strategy for international information systems. *Special Libraries*, 69(11), 435-442.

Mitchell, A. and Hsu, C. L. (1985). *Alcohol? Online. Workshop presented at the 7th Annual Conference of the Substance Abuse Librarians and Information Specialists.* New Brunswick, NJ.

Simmons, W. (1986). The development of AGRIS: A review of the United States response. *International Association of Agricultural Librarians and Documentalists Quarterly Bulletin*, 31(1), 11-18.

Woolston, J. E. (1984). Information exchange in a North-South context: Is there more to gain through cooperation than in trying to establish new markets? *ASLIB Proceedings*, 36(1), 7-14.

Woolston, J. E. (1979). International cooperative information systems. In *Proceedings of a Seminar on International Cooperative Information Systems*, (pp. 13-19). Ottawa: International Development Research Centre.

Woolston, J. E. (1977). The importance of international information systems for building national capabilities. *International Forum on Information and Documentation*, 2(2), 16-21.

Woolston, J. E. (1977). The North American role in international information systems. *Proceedings of the Fifth Conference of the Canadian Association for Information Science*, 9-20.

Wysocki, A. (1978). International co-operation in information transfer. *Journal of Documentation*, 34(4), 300-310.

Panel Presentations

The Organization of Information Within Australia

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Although we are celebrating our bicentenary next year, Australia as a nation was only founded in 1901. For 113 years Australia was divided up into self-governing colonies. At Federation, when the colonies, some more reluctantly than others, became united as Australia, the power brokers in each colony ensured that their power would not be dissipated in any way.

Consequently, they arranged that the national or federal government would be responsible for the national interest: trade, foreign relations, social welfare, and defence being the main areas. The states, which evolved out of the colonies, were to be responsible for education, transport, health, law and order, the environment, and so on. To a lesser extent, this dispersal of power still exists. So Australia has one defence policy, one trade policy, one foreign policy, one policy on social welfare, seven policies on education, seven road codes, and seven judicial codes. We even have different railway gauges in various states. And all this in a country whose population has just passed 16 million.

This causes problems for everyone. Just going on holiday to a different state means coping with different road rules. For librarians, this division of power, formulated over 86 years ago, creates major headaches.

Much of the information on Australia, particularly statistical, social and scientific, is gathered on a state basis. For instance, road crash statistics are collected by each state and then belatedly collected for the nation as a whole. Morbidity is another topic which is treated on a state by state basis. The most recently published statistics on morbidity and mortality for the nation are 1986. Surveys are often held in only one state so getting a nationwide picture of Australia on a certain topic is difficult. And believe me, we do all see ourselves as different and usually better than the other states!

This dispersal of power and information is carried through to the administration and coordination of drug and alcohol policies. The Commonwealth Department of Community Services and Health has two main "drug" areas: the Drugs of Dependence Branch, commonly called DODS, and the high profile National Campaign Against Drug Abuse, usually referred to as NCADA. However at the Commonwealth level, the two major concerns appear to be policy development and funding. Each state government also has a state organization such as a drug and alcohol authority, and they are also concerned with funding and policy but they also do some nitty-gritty work such as treatment and counselling. Then there are the nongovernmental organizations. These range from small rehabilitation centres, organizations such as We Help Ourselves and voluntary groups to The Alcohol and Drug Foundation, Australia, usually called ADFA, which is the peak nongovernmental organization and coordinates the lobbying of the various governments. And if this isn't enough to confuse you, we also have the researchers, who can be attached to a government organization, attached to a hospital or university, or simply floating around in a world all their own.

I should explain at this point that each of the seven states and territories in Australia has its own "drug" library. These libraries are all government funded, usually by the state government, but are attached to various organizations such as state drug and alcohol authorities or advisory councils. These libraries are responsible for servicing the needs of their own states but anything they can't answer is usually referred on to ADFA, which has the largest collection.

As you can imagine, for drug and alcohol workers, researchers and librarians, this apparent confusion of services has major, worrying implications. I'd like to point out some of these to you now.

Information production is randomly distributed. Each state is fairly well aware of what is going on within it's borders. However, obtaining interstate information is currently at best haphazard and at worst extremely difficult. For instance, whilst writing this paper I discovered I knew exactly what went on in the Australian Capital Territory where I live and work, but to find out what my colleagues were up to and how they coped required many letters and numerous phone calls. As far as we are aware, there is no possible way to ensure that all the information released in Australia is collected in one central location.

In some ways this is a result of the way in which information is published in Australia. The majority of drug and alcohol information is published as a report or a journal article, if the information is published at all. In many cases, research may be unpublished, or merely disseminated as an in-house report. The work of D.I. Smith, of the Western Australian Alcohol and Drug Authority, is a good example. His current area of interest is liquor laws and their effects. He has disseminated three major reports this year (Smith, 1987a, 1987b), and only one has been formally published (Smith & Burvill, 1987). The other two have been distributed to people on his mailing list.

At the other end of the spectrum and at the other side of the country are researchers who publish frequently, usually under the auspices of a funding body. Ross Homel is an excellent example. He is associated with the New South Wales Drug and Alcohol Authority but has also done some major evaluation studies on the effects of random breath testing for the Road Traffic Authority of New South Wales.

If a study is to be published in a journal, many writers prefer to be published in an overseas journal rather than in our own *Australian Drug and Alcohol Review*. A wider audience is reached, and presumably more glory is gained, from publishing in *International Journal of the Addictions* or *British Journal of Addiction*. So, if you want to keep track of all the Australian material published in this field, you have to cover all the major journals, both Australian and foreign.

Often a major or controversial study will be reported in the press. We manage to pick up quite a few reports this way. For instance, an historian recently completed a study which claimed that in the nineteenth century, Australians drank less alcohol than our British forebears or American cousins. Naturally this was widely reported in the press. I believe the historian involved intended eventually to publish his research, however, we managed to obtain a copy of his unpublished report.

Fortunately most organizations, in particular the government funded state-based drug and alcohol authorities, publish formal report series. If the reports are controversial or dramatic enough they are often mentioned in the press as well, but to receive new material regularly it's best to be on a mailing list. The most reliable publishers are the New South Wales Drug and Alcohol Authority who produce an excellent in-house report series.

Within the states, methods of obtaining and organizing information varies. Rosalie Flynn, the librarian at the Alcohol and Drug Foundation, Victoria, is a member of the Drug Resource Advisory Group, better known as DRAG, which is a state-based committee that advises the minister on suitable projects for funding. In this way Rosalie is in constant communication with the key people in Victoria. However, another of my colleagues finds that he is often the last person to hear of new research or publications! It seems, however, that each librarian relies on an informal network of home-state contacts. These contacts often include researchers, senior public servants and agency workers. These people notify us of any new research, publications or reports. In this way we each hope to spread the net wide enough to catch most of the material in our state.

At the most basic national level, ADFA is the only organization that compiles and publishes national directories of drug and alcohol agencies and drug and alcohol research. Otherwise, it is extremely difficult to get a nationwide picture of Australia's alcohol and drug issues.

Consequently, I and many of my colleagues sometimes feel that it is almost impossible to be aware of all the major research findings, let alone more minor interstate information such as surveys of school children's attitudes about alcohol.

This problem was recognized at the 1987 Alcohol and Drug Dependence Librarians and Information Specialists, or ADDLIS, conference held in July this year. ADDLIS consists of the seven drug libraries in Australia. It seemed quite sensible at the ADDLIS workshop to make each state library responsible for collecting its own local material, published or unpublished. This had been an unwritten convention for years and we finally formalized the arrangement. However, we also decided that when new local material of nationwide interest was published, the other states would be notified via *ADDLIS News*, the group newsletter which is available to you at SALIS. We believe that this is a major step forward in the coordination of information dissemination in Australia.

Before you start thinking that it's only the librarians who are doing anything about this problem, I'd like to point out that the Commonwealth Government is also doing something to coordinate drug information. The National Campaign Against Drug Abuse, NCADA, distributes material on a nationwide basis. The National Drug Information Centre, funded through NCADA, is a major step forward in the coordination of drug and alcohol information. It has been established to provide: reliable data for monitoring programs; the development of new approaches; and the evaluation of programs. To this end data concerning drug use, drug problems and drug programs are collected, processed and published. The National Drug Information Centre has published two collections of statistics so far: one on cocaine use in Australia (Commonwealth Department of Health, 1987), the other on general drug use in Australia, including tobacco and alcohol (*Statistics on drug abuse in Australia*, 1986). Statistics on heroin use and alcohol consumption are due later this year. The publication of these statistics has been a major help to Australian librarians; before now no nationwide statistics on alcohol and other drug use of any complexity had been compiled.

It is hoped that the creation of the National Drug Information Centre will be an inspiration for the states and the Commonwealth to act together to coordinate research and reports.

I might add that ADFA library (my library) is doing its bit in the coordination of information. We have compiled, and will regularly update, a directory of research about drug and alcohol use. This directory is specifically Australian and currently holds on-line approximately 300 records of research projects. The directory will be available through ADFA's marketing section.

Another problem which I believe would have some relevance in Canada is that of getting information to and from remote areas. In particular, the librarian in Western Australia has difficulty servicing clients in the remote north west of Western Australia. This isolated desert area is where some of the most valuable work is being done on Aborigines and substance misuse, but getting information to a researcher can take weeks!

As a whole I think the ADDLIS libraries manage fairly well to organize information on a nationwide basis. The major research papers and publications will be held in a majority of the libraries, and the minor ones can usually be tracked down in their state of origin. Drug and alcohol agency workers and researchers are generally aware of the existence of the ADDLIS libraries and so can usually find the information they want.

As you can see, the libraries are coordinated, as is the Commonwealth government, but the publishers are not at all organized as a group. There is no formal notification of a majority of publications: we simply receive them out of the blue in the mail one day. If we don't, we either never hear of the publication or the "keeping the ear to the ground" principle works and one day it'll turn up.

So once we have all the relevant documents, how do we disseminate the information? Each ADDLIS library has a new titles list, or an abstracting service, which may or may not be widely distributed, depending on the responsibilities of each library. The main abstracting service comes from the Alcohol and Drug Foundation Library, in Victoria, in the form of *SAM: Substance Abuse Monthly*. The library staff abstract the major articles from each month's batch of new journals. This service is highly regarded throughout Australia. Indeed, it's the only service of its type in the country! *SAM* is available on subscription from the Alcohol and Drug Foundation, Victoria.

At ADFA, our collection of printed material, excluding serials, is divided between published and unpublished material. The published material is put on the national database, the Australian Bibliographic Network. Approximately 850 libraries have access to this network. Our unpublished material is on a sophisticated information retrieval system, MicroCairs, which enables us to index and record on-line all our unpublished materials and journal articles. We use our own thesaurus that the ADFA library developed and the ADDLIS group is refining.

Within five years we hope to combine our in-house database with those of the other ADDLIS libraries, and load our database onto a commercial network. We believe this will be a major step forward in the nationwide dissemination of drug and alcohol information.

For overseas librarians to access this information, I would suggest you contact either the library at ADFA, and we can refer you to the appropriate body, or else you could contact the state drug and alcohol authorities directly.

I hope I have given an adequate, if brief, overview of the situation Down Under. If you wish to locate some Australian information I'm sure you'll find us most willing to help. We (and I'm speaking for all the Australian drug librarians who belong to ADDLIS) are all looking forward to making contact with our colleagues in other countries and we're most eager to assist you in any way we can. So I hope we can return some of the hospitality and kindness that has been shown to me here by providing you with the information from Australia that you need when you need it.

References

Australia. Commonwealth Department of Health. Drugs of Dependence Branch. (1987). *Morbidity of cocaine use in Australia*. Canberra: The Department.

Statistics on drug abuse in Australia: March 1986. (1986). Canberra: Australian Government Publishing Service.

Smith, D. I. (1987a). *Effect on traffic accidents of changing the days and hours of sale of alcoholic beverages in Australia*. Unpublished paper.

Smith, D. I. (1987b). *Effect on traffic safety of introducing a 0.05% Blood Alcohol Level in the Australian states*. Unpublished paper.

Smith, D. I., and Burvill, P. (1987). Effect on juvenile crime of lowering the drinking age in three Australian states. *British Journal of Addiction*, 82(2), 181-188.

Information and Documentation on Alcohol and Other Drugs of Abuse in Sweden

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Since their earliest history the Swedes have had a problem-burdened attitude toward alcohol. During the Viking Age, that is, the latter part of the Nordic Iron Age 800-1500 years A.D., alcoholic beverages were consumed, mainly for intoxicating purposes. Intoxication was something desirable at rituals in connection with the great Viking expeditions in order to make men fight like wild beasts and rob and ravish like mad.

When distilled alcohol later came to the Nordic countries, it was in much demand due to its rapid intoxicating effect. A circumstance which contributed to the large consumption of spirits was that alcohol frequently was part of the compensation paid to workers and office employees. In addition, in the 18th century, there was a flourishing inn business, with one inn per every 100 inhabitants, children included.

Statistics available for 1829 indicate that there were 46 litres of distilled beverages produced and consumed per inhabitant of Sweden and approximately 25% of all deaths in Stockholm were connected with alcohol abuse. (This compares to 6.30 litres of

100% alcohol per inhabitant in 1986.)

Physicians and priests reacted to the high rates of alcohol consumption by distributing information about the damaging effects of alcohol. Carl von Linne, the internationally famous natural scientist from Uppsala (1707-1778), published his *Notes on Alcohol* in the 1748 calendar which became widely distributed throughout Sweden. In these notes, Linne countered the most common of the arguments for the use of alcohol by describing alcohol as a poison. He did not, however, condemn a moderate use of alcohol.

Another authority who contributed significantly to the dissemination of factual information on alcohol was Magnus Huss (1807-1890), professor of medicine at the Karolinska Institute. During the years 1847-1851, he published a pioneering work on chronic alcoholism (*Alcoholismus chronicus*). Huss pointed to "a large number of illness cases where a lengthy, continuous and generous consumption of spirits was the evident cause of the illness." Many of his conclusions were sceptically received, but have later proved valid, such as his conclusions with regard to the influence of alcohol on the development of the fetus. His pamphlets on excessive drinking were widely read. He also was interested in school education and published "Words of warning against spirit-drinking and drunkenness." This warning was posted on the notice-boards in all schools in the country and thereby contributed to the dissemination of information about the unhealthy effects of alcohol.

Information on the damaging effects of alcohol became one of the most important tasks of the Swedish temperance movement. Peter Wieselgren (1800-1877), priest and also librarian at the Lund University library, formed in 1917 in Vaxjo the first Swedish temperance society and became the leading personality of the temperance movement particularly during the period 1838-1855. In 1845 this movement had a membership of approximately 100,000 individuals.

The information activity of the temperance movement and Magnus Huss contributed to the abolition of the home-distillation system. In 1853 there were 33,340 distilleries. Home-distillation was abolished in 1855 and the number of distilleries reduced to 3,480. This was the first time we were able to make concrete the effect of opinion-inspired information dissemination.

Information concerning questions of alcohol drinking and alcoholism became more organized during the first decade of the last century. A special organization for information activities was founded in 1901. It was the Central Association for Instruction in Temperance (CFN), the predecessor of the Swedish Council for Information on Alcohol and other Drugs (CAN). Today CAN is an umbrella organization with over 40 nongovernmental organizations as members.

The aim of the Swedish Council is to prevent alcohol and drug abuse by providing factual, accurate and up-to-date information. There was a great need for a central library which specialized in literature of the medical and social adverse effects of alcohol. In January, 1906, such a library was established.

In the beginning of the 1950s, the library's collection was systematized and catalogued. At that time, the library had approximately 30,000 publications and 160 current periodicals. Subsequently, limited financial resources hindered close attention to the library and it became the library for a limited circle of experts and was administrated by staff engaged in other tasks of the Council.

In spite of unfavourable circumstances, and owing to the contributions from interested donators, such as the temperance unions and various Nordic temperance societies, the library's collection expanded systematically. The collection included not only Swedish literature from circa 1850, but also a good coverage of the international literature in the field. Today the library contains about 145,000 volumes, including 450 periodicals.

A small, industrialized country like Sweden had to make an early decision about how to cope with information needs in view of the information growth and the technological advances. The reasons were many:

* There was no coherent government policy for the development of an infrastructure of institutions and services to support the flow of information from the generator to the user. This had resulted in a traditional book-oriented library profile in the country and that showed great difficulties, which became a significant feature in the 60s.
* Sweden is dependent upon a steady influx of new ideas.
* Research results amount to a mere percentage of the global output, and this indicates a dependency upon the scientific information abroad in order to cater to developments in science.

A coherent government information policy was set up in 1965. The view that library operations versus information and documentation work should be regarded as separate fields no longer had any justification. Instead, by reasons of principle of organization and economy, the two fields were treated as one unit. This corresponded closely with the worldwide trend, manifested by UNESCO when it launched the General Information Program at its 19th General Conference in 1976.

The policy also recognized that the Swedish information system is decentralized. However, besides local responsibility, the idea was launched that a library could have a national responsibility within a specific subject field. The report envisaged a system of subject-specialized libraries.

Historically, Sweden belongs to the pioneers in computing. Industrial computer production was started as early as 1951, resulting in the BESK computer in 1953, a machine that, at that time, was considered to have the highest calculating speed in the world. Even if that situation did not last long, we had trained personnel and suitable hardware available for processing taped scientific information which came on the market in the 60s.

Computerized services for information retrieval were introduced in Sweden in 1967, and databases like MEDLARS were offered. It also became possible to identify gaps in the services that had to be covered.

A problem that appeared early was the question about interchangeability between the different tape formats. It was found that much could be gained if a common format were established. Sweden took an initiative to deal with the problem by establishing the secretariat for a working group of International Standard Organization (ISO/TC 46). The result was the ISO 2709 format for bibliographic information interchange on magnetic tape or diskette. It is still valid and is used for databases of substance abuse problems.

Drug information is an integral part of our society's efforts against alcohol and narcotic abuse. In this broad context the term strategy of drug information is used to describe how resources for drug information should be utilized in order to have the greatest possible effect in the prevention of drug abuse. The strategy constitutes a program of action for responding to society's drug information needs and includes tactics and methods for how this work should be conducted. Different types of information are needed for different target groups and cooperation on all levels is necessary.

The primary goal for the drug information strategy in Sweden is to reduce alcohol damage by reducing total alcohol consumption. A proposition approved by parliament regarding developments in health care sets a target for reduction of alcohol consumption from six litres of pure alcohol per person over 15 years of age to four litres per person by the year 2000.

It should be noted that in this context, the term drug is used primarily for alcohol and narcotics, but also refers to the sniffing of glue and solvents and, to some extent, the use of dependence-producing prescription drugs. Tobacco is not dealt with in the strategies for drug information of the National Swedish Board of Health and Welfare, the Swedish Council for Information of Alcohol and other Drugs, or the National Board of Education.

During the 1970s and the 1980s, in various Swedish contexts, emphasis has been placed on the efficient and systematic documentation of research and developmental work going on in the drug abuse sector. In this field, scientific production has doubled every seventh year. According to the American National Research Foundation (NSF) Sweden is estimated to account for one to two percent of the aggregate international cost of research and development. The extensive investments by the community in research on this subject will be meaningless if the results are not adapted for practical use at the societal level. Research policy should be regarded as a chain: research to dissemination to use. In this context, information includes all knowledge transfer irrespective of the manner such transfer is affected.

The problem is not a lack of information. In some specific areas much remains to be done before all essential information will be accessible in its proper context. In important interdisciplinary databases, such as PSYCHINFO, MEDLINE or EMBASE, which are expected to contain information on drug abuse and which cover literature from over 4,000 publications, the following is lacking or unsatisfactorily presented:

* Literature in the respective Nordic languages or in languages other than English (this applies also to reports, "fugitive" or "gray" literature).
* Papers published in conference proceedings.
* Articles in composite works.
* Dissertations (except American dissertations).
* Research reports (except research and development sponsored by the U.S. government, by U.S. federal agencies, their contractors or grantees; some Australian reports are also available).
* Research in progress.

Given these shortcomings, the Swedish Parliament in 1982 decided to set up a documentation centre for alcohol and drug research at the Swedish Council for Information on Alcohol and other Drugs (CAN). Despite the strained situation of the Swedish economy, the Information and Documentation Centre was granted the necessary funds for its operation and for recruiting a chief librarian and an information assistant. The

Swedish Ministry of Health and Social Affairs also recommended that the CAN library and the Information and Documentation Centre be allotted the main responsibility for the alcohol and drug research information.

The main tasks of the Information and Documentation Centre are:

- To produce and further develop a computer-based information system (DRUGAB) covering all Swedish and all Nordic literature on alcohol and drug research.
- To disseminate, via periodicals, information about the above-mentioned sectors, addressed to well identified target groups.

It is not a particularly complicated task to identify target groups in a small country like Sweden with a total land area of 449,793 square kilometers and 8.3 million inhabitants, nor to do it in a traditionally well organized manner. CAN has well established channels to the research, municipal and school libraries, to libraries in hospitals, health care services and therapeutic units, to authorities and institutions, to more than 40 nongovernmental organizations, and to the members of the Swedish Association for Drug Abuse. Information services to these users are adapted to the demand. Via our publications, we try to carry on an active and sometimes "offensive" information policy. The printed matter distributed to our target groups in Sweden are acquisition lists, the journal *Alcohol and Narcotics* and an annual report which provides information on current trends of the use and abuse of alcohol, narcotics and other drugs in Sweden. To interested parties in and outside Sweden we produce and distribute the abstract journal *Drug Abuse* and *Alcohol, Drugs and Traffic Safety: Current Research Literature*.

The experiences gained so far have shown that a broader system is required. In order to avoid overlapping, cooperation between pertinent national and international authorities, organizations and institutions has been discussed. A joint Nordic Information and Documentation Centre on drug abuse research has been considered within the Nordic Council for Alcohol and Drug Research. A cooperative project has been initiated with the Swedish National Board of Health and Welfare, which is responsible for the registration of ongoing pilot projects in the field of social adaption therapy.

In addition, an important cooperative project is in progress with the International Committee on Alcohol, Drugs and Traffic Safety (ICADTS). According to its mandate, the committee has to participate in and coordinate documentation, information and dissemination of all research of interest in alcohol, drugs and traffic safety aspects, for example through a special database and an abstracts journal. The members of the committee are responsible within the DRUGAB system for the DALCTRAF database.

The DRUGAB Information System covers literature on drug abuse printed from 1980 to the present. The system currently contains approximately 11,000 records and consists of three files:

* The database NORDRUG covers the research literature concerning alcohol and other drugs of abuse. The aim is to cover all scientific literature of the Nordic countries and selective international research literature excluding transportation. The

selection is made by an editorial board of specialists.

- The database DALCTRAF contains comprehensive worldwide literature in the biomedical and social sciences related to incidence and effects of alcohol, drugs and all types of transportation. This database is created and edited by an international board of specialists.
- The database ALCONARC covers bibliographic references for all documents catalogued by the CAN library since 1980. The full-size documents are available on loan or as photocopies from the CAN library which is integrated with the Information and Documentation Centre. The information provided is based on the availability of documents. In this respect we do feel strongly that cooperation between interested libraries is needed.

The reasons for having three files stems from the limitations on financial and staff resources. The NORDRUG database was created on a project basis supported by the Swedish Ministry of Social Affairs. DALCTRAF is produced outside the Swedish Council. Both producers wanted specialized databases. Having three files has turned out to be beneficial for the users. It is very easy to change from one database to the other with just one command.

The DRUGAB system can be scanned using just one logging-in procedure with the same search routines, the same subject index terms (MESH), and users need only participate in a training program which jointly covers all the databases. The database language is English.

Due to limited financial and personnel resources, there are, however, certain gaps in the material available. A drug research inventory of projects in progress has thus been pursued in Sweden for years, starting in 1968. The last inventory was completed in 1985 and specifies projects in progress in 1983 and 1984. The growing demand for information within the drug abuse sector and the restricted budget have entailed that the resources for a concerted substance abuse research inventory and a systematic follow-up are entirely insufficient.

Still, the International Committee on Alcohol, Drugs and Traffic Safety (ICADTS) has established a registry of the research and development projects going on worldwide in the field of alcohol, drugs and transportation.

DRUGAB is running its on-line services on the AMDAHL computer at the computer centre of Stockholm University and is accessible to the public through the various national packet switching communication networks and the Swedish packet switching network, DATAPAK. It was believed, however, that Sweden, as a country with a long tradition of telephone traffic, would have tried harder to develop the necessary tele-network facilities for scientific information. We have experienced, however, that the telephone and data-network system is sometimes overloaded or out of function for other reasons.

In order to enable a search without using the tele-network or data-networks, a cooperative project has been established between UNESCO, ICADTS and CAN and this includes the application of the CDS/ISIS mini-microcomputer software for the DRUGAB system. The purpose is to provide a fully capable information system for drug abuse which is stored in one's own personal computer (PC). One of the major advantages offered by the generalized design of the system is that the same set of computer programs is able to manipulate an unlimited number of databases, each of which may consist of completely different data elements. The user is therefore free from the expensive task of having to design and write computer programs each time a new project requires the use of information retrieval techniques. Because ICADTS and CAN have developed and designed the application for databases the system may be used by persons having had little or no prior computer experience.

In summary, it can be stated that despite the phenomenal growth of the on-line industry, there is a serious lack of information on substance abuse. This is a paradox and it must be admitted that there are many barriers to the communication of knowledge. This problem is as serious as lack of knowledge.

These barriers could be eliminated via continual cooperation between national and international institutions, organizations, libraries, documentation and information centres concerned with the problems here involved.

Our experiences from the last few years indicate the following:

* There is growing demand for information in substance abuse.
* There is a demand for increased information exchange between researchers in this field.
* There is a demand for training in search techniques in computer-based literature services in substance abuse.

References

Huss, M. (1891). *Varningsord mot brannvinsbruk och dryckenskap.* Gefle.

Liedberg, N. (1960). *Den svenske Bacchus.* Stockholm.

Olan, E. (1922). *Svenska brannvinets historia.* Stockholm: Fritzes.

Swedish Council for Information on Alcohol and Other Drugs. (1982). *Alcohol policy in Sweden.* Stockholm: The Council.

Swedish National Board of Health and Welfare. (1987). *Alcohol and narcotics: Preventative measures in Sweden.* Stockholm: The Board.

Tell, B. (1981). Scandinavia and European co-operation in the field of I&D. *Tidskrift for dokumentation*, 37(1), 2-9.

Valverius, M.R. and Valverius, S. (1987). An integrated information and documentation system on alcohol, drugs and traffic safety. *Blutalkohol*, 24(2), 91-99.

Organization and Dissemination of Drug Information in Britain

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Drug misuse has attained a higher profile in Britain over recent years and has now joined the problems associated with alcohol and tobacco as an important part of the workload of health, education, enforcement, social welfare and media professionals as well as being of great concern to the public at large. This paper will concentrate on the work of the Institute for the Study of Drug Dependence (ISDD), which is the national resource centre on drug misuse in Britain.

It is important to note that ISDD does not cover alcohol or tobacco, which fall into the domain of other organizations such as Alcohol Concern and Action on Smoking and Health.

Prevention is an important part of Britain's strategy of tackling the problem of drug misuse. The Advisory Council on the Misuse of Drugs, which advises the government on policy, concluded in a report on prevention in 1984 that there was a need for more effective, broadly-based education on programs with the positive aim of promoting healthier lifestyles and this would include information about drugs and their effects. As a result the United

Kingdom (U.K.) health department gave a high priority to the development of prevention policies in the health and personal social services fields as have the U.K. education departments in respect to health in schools. This has created a demand for information from a number of areas, namely education of the community, education of specific groups and the training of professional groups.

In 1985, a national health and information campaign was launched by the government which consisted of short television spots advertising the availability of several leaflets giving basic information for parents anxious about drug misuse. In addition, there were initiatives by local television stations and newspapers to educate their communities. These recent developments complemented the work of the district health education or health promotion units which sought to promote healthy styles of living within their local areas through the distribution of educational materials and community action.

Each of the local education authorities in England has a drug education advisor to stimulate and coordinate action within the education service. They are responsible for purchasing materials and arranging training for teachers. A number of teaching packs and videos have been made available to this group. The youth service also contributes to education and prevention through working with high risk groups and individuals offering support and advice.

There is a wide range of professional groups involved with problem drug taking in their day to day work: health care professionals, police and customs officers, teachers, youth workers and social workers. Apart from the training provided specifically for members of individual professions there is some multidisciplinary training organized by specialist drug training agencies.

These various education, prevention and training activities together with the problems encountered in day to day work have generated a wide-ranging demand for information. Currently, there are an equally wide-ranging number of sources of information. Among organizations collecting and disseminating information concerning drug misuse in Britain, the chief is ISDD.

ISDD was established in 1968, at a time when there was a great deal of misunderstanding and ignorance about the topic of drug dependence and misuse, particularly among those people responsible for developing public policy. Researchers and other people trying to identify literature about drug misuse were unable to locate it through ordinary libraries and retrieval systems. Consequently, ISDD was mandated to collect and disseminate information about drug misuse and maintain a library equipped with a system for retrieving this information easily and rapidly. These objectives are more important than ever in the context of the demand for information about drug misuse in Britain today.

The library now has nearly 40,000 documents on the subject of the nonmedical use of drugs, including over 2,000 books, journal articles, government and scientific reports and press cuttings, and as such constitutes one of the most comprehensive and best organized collections of English language material on the subject in the world.

Over the last ten years the library has been adding approximately 2,000 documents per annum to its collection. In recent years the amount of U.S. literature has declined, but this has been more than matched by the upsurge in U.K. documentation on the subject, with the result that the percentage of British material in 1985, at more than 25% of total intake, had more than doubled since 1979. The growth in U.K. literature is continuing and it is expected that this will help to push up total acquisitions to 3,000 documents in 1987.

It is in the area of subject retrieval that the library has needed to develop its own systems. Classification schemes designed for the nonmedical use of drugs were found to be wholly inadequate for ISDD's purposes. The ISDD Thesaurus is a unique example of a controlled language for indexing and retrieving documents on all aspects of the nonmedical use of drugs. It was developed from scratch, not only from an exhaustive study of the literature to be indexed, but also as a result of ISDD's unique experience over many years of handling information inquiries. The thesaurus was then subjected to extensive use and evaluation within ISDD before the first edition was published in 1980. Since then over 50 copies have been sold to drug abuse libraries all over the world. It has been translated into Spanish by the South American Agreement on Narcotics and Psychotropic Drugs, and plans have been made to translate it into other languages.

The subject retrieval system operated at ISDD is a manual, post-coordinate, optical coincidence system. Each one of the keywords assigned to a document has a card with numbered squares, and the number of the document is punched into the cards using a specially designed machine. Each card contains room for 10,000 documents, so that currently, with 35,000 documents, four sets of cards are in use. The system is "post-coordinate" in that the searcher can coordinate the cards needed to implement the search strategy after the documents have been indexed and can thus control the level of specificity by using more or fewer cards. The cards are placed on a light source enclosed in a box and the light showing through the holes indicates the accession numbers of items of relevance to the chosen search.

The major disadvantage of this manual system is that as the collection grows, so does the number of sets of cards to be consulted. As a result, automation is a logical next step.

A feasibility study was commissioned and undertaken by Aslib, the organization for special libraries in Britain, and the software package, Microcairs, was purchased on their recommendation. Internally, this will mean that the entire collection can be searched at once, and not in batches of 10,000 as at present. Externally, it is hoped that the database will be included on one or more "hosts" and be made accessible to an international clientele.

ISDD's library welcomes enquiries from any source within the U.K. and the enquiries range from school students doing projects on drug misuse to the more complex medical enquiries from hospital drug information centres who have exhausted their own information sources. In addition, the library produces a number of regular publications to keep people up-to-date with the latest developments in the literature.

In 1986, ISDD set up a Publications Unit separate from the Library and Information Service. This was a reflection of the dramatic increase in the scale of publications sales and distribution during the 80s, when drugs became an issue of major social concern in Britain.

Between 1982-1986, the contribution that sales of publications made to the Institute's total turnover rose from less than five percent to over twenty percent. In that time, the list has grown to represent the most comprehensive selection of drug literature available in the U.K. Currently, we have over 80 titles on the list covering such categories as: teaching packs for use in schools, information for parents, material for in-service training, leaflets and pamphlets on individual drugs, videos, counselling notes, reading lists and reference lists. This is made up of material produced in-house, titles brought in from other organizations for resale and books from commercial publishers obtained at favourable discounts. Our customer group is wide-ranging, but principally centres on those working in the drugs field, those in health education either in schools, youth clubs or within health authorities, and those conducting in-service training for professional groups.

ISDD's contribution to the government's drug education campaign was significant in that over one million copies of our *Drug Misuse - A Basic Briefing* has been distributed by the government nationwide. Our material has also featured as back-up information sent out to viewers and listeners in support of TV and radio coverage of the drug problem. We use a number of promotional devices to publicize our titles, including notices, reviews and insert flyers in professional magazines and journals, direct mailing to target groups and widespread distribution of our publications list to our many contacts around the country.

The other major activity of the Publications Unit is the production of *Druglink*, ISDD's bi-monthly journal which is the only publication of its kind to keep professionals appraised of the current issues in the drug field in Britain. After a long lay-off, the second series of *Druglink* was started in May, 1985, and now has over 1,000 subscribers. The journal features news items, in-depth reports, book reviews, and conference and course listings. Overseas professionals who wish to keep abreast of developments in the British drug scene in an easily digestible form are welcome to subscribe.

In addition to ISDD, there are a number of other alcohol and drug information sources. These include:

* The Teachers' Advisory Council on Alcohol and Drug Education (TACADE) provides educational and training materials mainly geared towards the formal education system. It also produces a newsletter, *Monitor*.
* The Standing Conference on Drug Abuse (SCODA) is the national coordinating body for the non-statutory organizations in the field of drug misuse and acts as a forum for the exchange of information and views on the changing patterns of drug misuse. It produces a newsletter.
* The National Youth Bureau (NYB) stimulates innovation in youth work and social education. It produces a newsletter.
* The Home Office produces annual compilations of statistics on treatment and enforcement.
* The Pharmaceutical Society, the professional body for pharmacists, has recently produced a booklet for pharmacists who have become more involved in local community education on drug misuse.
* The Society for the Study of Addiction aims to promote communication and spread scientific knowledge about dependence on drugs and alcohol and other forms of dependence associated with compulsive behaviour. It produces Britain's only academic journal in the field, *The British Journal of Addiction*.

Organization of Non-Federal Information Sources Within the United States

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In this discussion of the organization of alcohol and drug information in the United States, I'm going to look at non-federal sources of information, particularly commercial databases. I'll describe four alcohol or drug computer databases that are or soon will be available through DIALOG Information Services or BRS (Bibliographic Retrieval Services). I'll then look briefly at the Rutgers Center of Alcohol Studies and other non-federal alcohol and drug information centres.

DIALOG is the most frequently used database vendor in the U.S. (Smith, 1984) and, according to a count of the 1984 SALIS directory, twice as many SALIS libraries search DIALOG as BRS. This is in spite of the fact that there was not an alcohol or drug database on that system until 1987, when the SMOKING AND HEALTH file was added.

SMOKING AND HEALTH, file 160 on DIALOG, covers the world scientific and technical literature on all aspects of smoking, tobacco, and tobacco use. Produced by the U.S. Office on Smoking and Health, the database was started in the 1960s as a repository of scientific information collected to support the

U.S. Surgeon General's annual report on the health consequences of smoking.

The Technical Information Center of the Office on Smoking and Health also serves as a World Health Organization collaborating centre for information on smoking and tobacco. Materials indexed are scientific journals, technical reports, bibliographies, books and book reviews, monographs, annual reports, legislation, patents, and translated journals. The database is designed to serve the needs of both the biomedical and behavioural researcher. Most records from 1970 forward have informative abstracts; 83 per cent of the documents are in English. Updated every two months, the database contained over 35,000 records as of February 1987.

Core substance abuse journals such as *Addictive Behaviors* and *Alcoholism Clinical & Experimental Research* are selectively indexed for smoking related articles. The on-line database corresponds to the printed *Smoking and Health Bulletin*, also produced by the Office on Smoking and Health. Photocopies of articles cited in the file are available on a limited basis from the Technical Information Center of the Office on Smoking and Health.

Other relevant alcohol and drug databases on DIALOG are ERIC, PSYCHINFO, FAMILY RESOURCES, MENTAL HEALTH ABSTRACTS, SOCIOLOGICAL ABSTRACTS, NTIS, MEDLINE, EMBASE, SCISEARCH and SOCIAL SCISEARCH. In this short paper I'm not going to describe their features. I list them only to underscore a recurrent theme of SALIS, which is that the alcohol and drug literature is scattered across multiple, often overlapping, disciplinary databases. Access to these databases is widely available at university and public libraries.

Meanwhile, over at BRS, DIALOG's main competitor in the U.S., alcohol and drug information management has a more prominent place. In fact, many alcohol and drug librarians may switch to BRS. One alcohol and drug database is already available on BRS, and two more will be added soon.

Since 1978, the DRUGINFO database, produced by Drug Information Services at the University of Minnesota's College of Pharmacy, has indexed the educational, psychological and sociological aspects of drug abuse, including alcohol. The database is now largely the product of SALIS member Gail Weinberg. DRUGINFO indexes more than 30 core journals and newsletters in the addictions field; an equal number of medical and pharmacological journals are scanned for relevant articles. Additional articles for indexing in the database are identified from an *Ascatopics* current awareness search. Updated quarterly with about 500 new records, there are currently over 24,500 items in the database. Beginning in December 1986, author abstracts are included whenever available. One particularly important feature of DRUGINFO is its use of a thesaurus of indexing terms, which is available as a search tool for users.

Soon to be added by BRS is the CORK database, produced since 1978 by Virginia Rolett at the Project Cork Resource Center, Dartmouth Medical School. Now holding over 10,000 items, the database focuses on alcohol and alcoholism, particularly human studies, selected for an audience of physicians and other health care professionals. Of course, librarians and others in the alcoholism field will find this database useful. The CORK ONLINE database also will have a thesaurus for searchers.

The alcohol database maintained by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is the most extensive computer bibliographic database in the substance abuse field. Until now it has been accessible only through the staff at the National Clearinghouse for Alcohol Information (NCALI), now the National Clearinghouse for Alcohol and Drug Information (NCADI). NCALI reference analysts have provided literature searches to researchers, information specialists and the public at no charge. Public availability of this database through a commercial vendor has been a goal of SALIS for several years. Testing will begin soon, and the file should be available on BRS sometime in early 1988. The alcohol database (named ETOH on BRS) will provide access to research and scientific materials, including journal articles, books, government reports and many unpublished documents collected by NIAAA which are not found in other databases. Records from 1984 to the present will be loaded first; retrospective additions will be made at a later date. A thesaurus for the ETOH database is being developed.

The Rutgers Center of Alcohol Studies (CAS) has the largest and most comprehensive alcohol research library in the U.S. (Page, 1986). In 1941 the Center of Alcohol Studies began collecting and classifying the world alcohol research literature, and published abstracts of the documents in the *Journal of Studies on Alcohol* as well as in a notched card system known as the CAAAL file: Classified Abstract Archive of the Alcohol Literature. A number of other U.S. libraries had copies of the CAAAL file, but for most information needs the abstracts in the *Journal of Studies on Alcohol* were the primary mode of access to the research literature on alcohol. Unfortunately, the *Journal* stopped printing abstracts when government funds were withdrawn in 1983. Rutgers Center of Alcohol Studies continues to publish an excellent (and inexpensive) bibliography series on over 100 topic areas of alcohol use and abuse.

Other alcohol and drug information centres are found in universities, state and local government offices, hospitals and other treatment facilities, the beverage industry, and in the offices of countless self-help and advocacy organizations. Some are state or privately funded and preceeded the federal alcohol and drug information clearinghouses. Others were created in the 1970s when the disbursement of federal funds to states for research, treatment and prevention of alcohol and drug abuse was increased. Still others have been started in the past few years in response to increased public and official concern about alcohol and drug problems.

Quite a few of the centres have developed in-house computer databases, on-line catalogues, and other information products to meet the information needs of their parent organizations and other library users. Microcomputer technology has made these individual initiatives possible, while the lack of an alternative comprehensive source for alcohol and drug bibliographic information has made them necessary. With the anticipated release of the NIAAA ETOH database on BRS, it can be reasonably hoped that access to a single comprehensive source will help to reduce the duplication of effort that characterizes the alcohol information field in the U.S. today.

References

Page, P. (1984). Alcohol research information: A guide to resources. *Behavioral & Social Sciences Librarian*, 6(1/2), 1-14.

Smith, B. (1984). DIALOG: Patriarch of the online generation holds industry lead. *Information Today*, 2(5), 11-13.

The Organization of Alcohol and Other Drug Information at the Federal Level in the United States

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My presentation today will be limited to the role that the federal government has taken in the United States in collecting, organizing, and disseminating alcohol and drug information. I am basically going to talk about four agencies: the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the National Highway Traffic Safety Administration (NHTSA) and finally, the newly created Office for Substance Abuse Prevention (OSAP).

I'll begin with NIAAA, starting with its inception in 1971. NIAAA came out of the Hughes Act, the legislation in 1970 entitled "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act." NIAAA was created to be the main agency that would focus on alcohol problems. Along with funding research and treatment, the first thing they went about doing was to set up a national clearinghouse for alcohol information. One of the main functions and projects of the National Clearinghouse for Alcohol Information (NCALI) was the creation of the alcohol database. This database was started in 1972, and now consists of approximately 60,000 records from that date to the present. SALIS has been most interested in this database and has been advocating public availability since 1983. In just a few weeks a test file of this database will be up on the public vendor BRS. Shortly after, a subset of the database with approximately 35,000 records from 1980 to the present will be available for electronic retrieval.

The database includes abstracts of books, journal articles, conference and unpublished working papers and monographs. One of the things this database provides is cover to cover indexing of the core addiction journals, which is more than we have had in any of the other databases that we have been searching over the years.

Another project that NIAAA funds is the Alcohol Epidemiologic Data System (AEDS). This system collects and organizes the data tapes from many information systems and surveys in the United States. Among these are the National Highway Traffic Safety Administration Fatal Accident Reporting System data, and information on treatment from the National Drug and Alcohol Treatment Utilization Survey (NDATUS), and the State Alcohol and Drug Abuse Profile (SADAP). The major epidemiological surveys that focus mainly on alcohol and other drug use in the United States are included. The NIDA household survey, the Lloyd Johnston survey of the nation's high school seniors and the work of the Alcohol Research Group, an epidemiological survey looking at alcohol use and alcohol problems from about 1959, are all part of this data system.

I don't know how many of you are aware of this but, AEDS does put out a data catalogue that lists all of these different surveys, including the variables used. It's an enormous volume. They have done very little to promote and disseminate it, but I want to let the information specialists here know that it exists because it's a wealth of information. It not only includes, as I have just mentioned, these alcohol and other drug specific surveys, but it includes the other ongoing health surveys in the United States, such as the National Health and Nutrition Examination Survey, and the National Health Interview Survey, both of which collect information on the use of alcohol and other drugs. AEDS is a very important resource in the field.

The latest news from AEDS is that they have made their statistical database available on-line. For instance, they take information on consumption of alcoholic beverages from the National Health Interview Survey and from the Alcohol Research Group, and they create consumption tables. There are a number of tables on consumption, morbidity and mortality statistics. It is very user-friendly. It is just like using a manual index. You go to the "C's" and they have "consumption" or "cirrhosis of the liver", and you can just hit the keys it tells you to hit and there's your table. Also, it has electronic bulletin board capabilities, which means that we could be communicating with each other around the country in a very fast and efficient way. So, to sum up, we now have two databases funded by NIAAA, one with a statistical focus, and one with a bibliographic focus.

NIAAA also publishes a journal, *Alcohol, Health and Research World* and a report to Congress entitled *Alcohol and Health*. The sixth edition of *Alcohol and Health* has just come out this year and it now includes an index. With these publications and the statistical and bibliographic databases, we are beginning to have a somewhat comprehensive, publicly accessible, alcohol information source.

Two other data collection surveys supported by NIAAA deal mainly with treatment information. The National Drug and Alcohol Treatment Utilization Survey gathers information from private and public funded treatment facilities in the U.S. In 1984, this included over 10,800 units. Information in this survey covers demographics on the population in treatment, who pays, how much treatment costs, and who gives the treatment: physicians, social workers or counselors.

The other survey regarding treatment focuses on publicly funded treatment only. The State Alcohol and Drug Abuse Profile Data (SADAP) is collected and analyzed by The National Association of State Alcohol and Drug Abuse Directors (NASADAD) organization with a contract from NIAAA.

It's important to know that we have these two data collection surveys in the area of treatment, and it's also important to note that in 1984, the NDATUS was not comparable to earlier surveys. Unfortunately this fact was not discovered by the intermediaries or the end users until the publication of the report in 1986. Apparently a problem arose in the data collection planning for the 1984 Survey. NIAAA and NIDA could not agree on the questionnaire and on the funding for the project. Consequently, they reduced the questionnaire to one page from the previous five pages. As a result there was a great loss of information. Fortunately, this decision has been reversed and in 1987 they are collecting the same amount and kind of information that they collected in 1979, 1980, and 1982. Comparative analysis will once again be possible.

The 1984 NDATUS results, because of the lack of information, caused quite a commotion. We as information intermediaries must communicate our end users' needs for information. At a time when the proprietary treatment in the U.S. is increasing along with the costs for treatment, this is vital information. Part of our role as information providers is to keep data collection surveys consistent with our needs as information specialists and the needs of our constituents.

When I first began to organize my thoughts for this paper a few weeks ago, the National Institute on Drug Abuse did not readily come to mind. While NIDA has funded several large surveys, including epidemiological surveys and treatment and emergency room surveys, it has not done a terrific job at disseminating the publications it produces based on these surveys. More importantly, NIDA has not created any long term comprehensive bibliographic database to compliment the NIAAA's alcohol database. For a short while in the 1970s there was a database, but it ceased, creating a very large gap in the provision of basic drug information.

The most recent household survey done in 1985 is at this time still unavailable as a final report document. Although some highlights have been released, it is rather disconcerting that the administration wages a drug war without releasing the very document which details the use and abuse of drugs by the general population. We do have the Lloyd Johnston surveys of the nation's high school seniors, with the most up-to-date data for 1986 available now, and 1987 soon to be released. In the last few years, they have reinterviewed persons from earlier surveys and now have a sample of young adult and college students as well. NIDA's efforts are to be commended for their collection of data for the Client-Oriented Data Acquisition Process (CODAP), which looks at the drug treatment system, and the Drug Abuse Warning

Network (DAWN), which collects data in emergency rooms concerning the relationship between drug use and trauma and death. However, again the reports of these surveys are not always easily obtainable.

Other important NIDA publications to mention are the triennial reports to Congress, the second of which was just published in 1986, and the Research Monograph and Research Issues series, the latter having ceased publication in 1983.

Although NIDA did have a National Clearinghouse, the main function seemed to be to send material to state drug network organizations and rely on their efforts to distribute the material. In some states this functioned well, while in others, such as California where there has not been a productive statewide clearinghouse, it was a constant problem to try to find out about NIDA materials and then to try to get them.

Another agency I want to discuss is the National Highway Traffic Safety Administration (NHTSA). They have three different divisions that focus on alcohol issues, which makes it difficult when you hear about a report, to know which alcohol division to contact. To deal with this problem, I recommend that if you don't know the name of the publication, call the technical librarian; if you do know the name of the document, call the distribution centre. The distribution centre can also put you in touch with the researcher at NHTSA, who wrote the report.

NHTSA puts out a lot of publications on alcohol, but three very important ones are: *Fatal Accident Reporting System Data*, *National Accident Sampling System Data,* and *Digest of State Alcohol Highway Safety-Related Legislation.* The latter publication is a compilation of the traffic and safety legislation for the United States. It's free of charge, and all you have to do is call the distribution centre and order it. The 1987 version is available and gives you a lot of information on the basic laws including the dram shop laws and BAC legal measures for each state.

There are a number of ways to find out about NHTSA products. *Alcohol, Drugs, and Traffic Safety*, from Sweden, often indexes them. The abstracts and reviews in *Alcohol, Drugs and Driving* picks up many of them. NHTSA also has depository libraries in the U.S., and you may be living in a city that has a depository library and not even know it. You can get this list from NHTSA. In addition, you can get NHTSA publications through the National Technical Information Service (NTIS).

The last agency to be discussed is the newly created agency that came out of the anti-drug legislation last October, the Office for Substance Abuse Prevention (OSAP). OSAP will now be responsible for the national clearinghouse for alcohol and drug information (NCADI). Currently, there are plans for NCADI to have a database of alcohol and drug prevention information. What this will mean in terms of an overlap with the NIAAA bibliographic database is not known. We, as information specialists, can contribute our ideas on this matter to OSAP and NIAAA.

OSAP has as a main focus, the prevention area. Besides funding the National Clearinghouse for Alcohol and Drug Information, OSAP has also funded a media materials contract which will be targeting five groups: minorities, high risk groups, parents, healthcare providers, and intermediaries. The intermediaries will include librarians and information specialists, the National Prevention Network specialists, and voluntary organizations. The media materials contract will not create a new wheel, but will gather the materials that have already been created for these particular audiences, and repackage them. They will be reviewing and critiquing the information that's available, identifying gaps and developing materials to fill these particular gaps.

The National Clearinghouse for Alcohol and Drug Information will provide us with the *Prevention Pipeline* which will subsume the previous *Alcohol and Drug Abuse Awareness Service*, and the *News Monitor*. The *News Monitor* is a compilation of newspaper clippings on alcohol and drugs from various newspapers across the country. In addition, NCADI will publish fact sheets, bibliographic updates, and other information products.

In conclusion, I would like to say that since 1978, on the federal level in the United States, we have made many accomplishments in terms of collecting, organizing and disseminating information. To build upon these accomplishments, I would like to propose the following recommendations to serve as a focus for our work in the coming years:

* A centralized bibliographic databank of catalogued core alcohol and drug literature be made available to the public via a public vendor. Such a databank could be accessed for retrieval of information as well as input of catalogued records by key designated organizations responsible for certain subject areas. This shared cataloguing would save time for all involved.
* A thesaurus be developed by NIAAA to increase the efficiency of access to the alcohol database. Such a thesaurus would also act as a tool for cataloguers to provide terms for indexing and classifying documents and other materials.

- * Regional conferences be implementec to train professionals about the use of the NIAAA and NCADI databases.
- * SALIS adopt the recommendations made by the OSAP Ad Hoc Advisory Group for Developing Strategies to build the Alcohol/Drug Information Network.

Organization and Dissemination of Alcohol and Drug Information in Canada

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In Canada, much of the information on alcohol and drug concerns is published, disseminated and housed at the provincial government level. To understand why this is so, it is necessary to review the country's political environment. Canada is a country consisting of ten provinces and two territories. It has a federal government system with constitutional power being allocated between the federal and provincial governments. In very simple terms, matters affecting the nation as a whole are handled by the federal government, while those of a local nature are the responsibilities of the provinces. Although some facets of the division of power are hotly debated, it is generally agreed that the provinces have authority over education, social services and health.

Consequently, it is the provinces who directly provide the health care, prevention services and educational programs for alcohol and drug problems. To handle these responsibilities, they have created organizations within their governments specifically devoted to alcohol and drug problems. In some provinces, separate commissions have been formed, such as the Alberta Alcohol and Drug Abuse Commission (AADAC) or the Nova Scotia Commission on Drug

Dependency. In other provinces, foundations have been created, such as the Addiction Research Foundation in Ontario or the Alcoholism Foundation of Manitoba. In a number of provinces a section within a Health or Social Services Ministry or Department has been set up, as is the case in British Columbia, Quebec, Prince Edward Island and the Territories. In Ontario, in addition to the normal provincial alcohol and drug responsibilities, the Addiction Research Foundation also has been mandated to undertake research into the many aspects of alcohol and drug abuse.

In contrast to the provinces' responsibilities for alcohol and drug problems, the role of the federal government has been less clear. Unlike the United States, Canada does not have national government organizations similar to the National Institute on Alcoholism and Alcohol Abuse, National Institute on Drug Abuse or the Office for Substance Abuse Prevention. While the federal government supports the provincial governments' efforts in the area of alcohol and drug problems through transfer grants, alcohol and drug legislation, and drug enforcement; the government has vacillated about the priority that it has given to alcohol and drug problems, both in terms of dollars and leadership.

Currently, the Government of Canada is displaying a renewed interest in alcohol and drug problems. In May 1987, it announced that over the next five years it is allocating $210 million to curb abuse (MacLennan, 1987). The federal plan is designed to provide additional resources to Canadian initiatives in treatment, education and prevention, enforcement and control, information and research, international cooperation and national focus. Of particular interest to information specialists was the government's identification of a need for greater information exchange among those who aim to reduce drug abuse and the illegal supply of drugs. What has been proposed is a national database. This idea also has been echoed by the Standing Committee on National Health and Welfare in its report *Booze, Pills & Dope: Reducing Substance Abuse in Canada (1987).*

This is not the first time that the federal government has commented on the need for improved alcohol and drug information dissemination. In 1969, the Commission of Inquiry into the Non-Medical Use of Drugs was established under the chairmanship of Gerald Le Dain. It was the most comprehensive official inquiry into the subject of non-medical drug use that has ever been undertaken in Canada. In the Final Report published in 1973, the Commission recommended the creation of an appropriate national information program to collect, classify, index, evaluate and disseminate timely information on various aspects of non-medical drug use. In 1972, the Non-Medical Use of Drug Directorate began work with the Health and Welfare, Health Protection Branch Library on a coordinated scientific and technical information network and database in Ottawa. Unfortunately, the centralized information database never materialized.

Given the renewed interest in a national database, it is an appropriate time to review the major alcohol and drug collections in Canada. The only collection of substance abuse materials in a national institution in Canada is housed at the Health Services and Promotion Branch Library Network. Its collection focuses largely on policy, and includes materials from the Le Dain Commission and Smoking and Health Libraries, which had previously been merged with the Non-Medical Use of Drugs Library, as well as information from the Documentation Centre of the Interdepartmental Secretariat on Drug Abuse.

The largest provincial collection, and the largest collection in Canada of substance abuse materials is at the Addiction Research Foundation Library. The collection consists of over 30,000 books and reprints, and 500 serials. Reprints are articles by Addiction Research Foundation authors or from journals not held in the collection. Addiction Research Foundation publications including books, research studies, program descriptions and other resources produced by the Community Services Division, and educational materials such as videotapes and pamphlets are all housed in the library. The research mandate of the Addiction Research Foundation also means that the library collection is much more comprehensive than simply the provincial publications. Its materials are international in scope and cover the core addictions literature and related disciplines. A large number of Canadian studies and documents are included.

A second collection of the Addiction Research Foundation which is unique in Canada is housed in the Statistical Research Department. Its resources cover alcohol and drug use and its medical, legal, social and economic consequences, as well as the population characteristics and social circumstances related to use, treatment, arrests, and deaths. The Department collects statistics concerning Ontario and conducts studies in those areas where there is a lack of information. It also compiles comparisons between the Ontario statistics and those for the rest of Canada and the world. Consequently, the collection contains extensive Canadian statistical resources, as well as international resources such as those from the World Health Organization and the Organization of Economic

Co-operation and Development. The collection is used not only to support the activities of the Addiction Research Foundation and to provide information to the people of Ontario, but also to answer inquiries from the federal government, other provinces, the World Health Organization and many foreign countries.

The Alberta Alcohol and Drug Abuse Commission (AADAC) Library contains approximately 6,000 books and 4,000 reprints, and 250 journals and newsletters. The collection emphasizes the psychosocial addiction literature and supports the Commission's treatment, education, community development and prevention programs, including an adolescent prevention program. It includes copies of AADAC publications which range from curriculum materials to pamphlets to program packages to program evaluation reports. In addition, the AADAC Library Online Database indexes the book collection and is publicly available via dial access, both nationally and internationally.

Descriptions of the other provincial alcohol and drug libraries continue to show a similar pattern: they house their agencies' publications, as well as having resources to meet the specialized needs of their clientele. These libraries include the Alcohol and Drug Programs Library in British Columbia which has a collection of approximately 6,000 books and over 60 journals that is especially strong in the areas of treatment, counseling and history; the Saskatchewan Alcohol and Drug Commission Library which includes about 2,500 books and 80 journals with an emphasis on parenting, the family, and youth; the William Potoroka Memorial Library of the Alcoholism Foundation of Manitoba which has over 3,000 books and 35 journals with strengths in fetal alcohol syndrome, children of alcoholics, prevention programming and materials for school curricula; the Chemical

Dependency Library of the Alcoholism and Drug Dependency Commission of New Brunswick with holdings of approximately 1,000 books and 40 journals specifically in the areas of fetal alcohol syndrome, treatment (psychotherapy), Alcoholics Anonymous, the elderly and women; the Alcohol and Drug Dependency Commission Library of Newfoundland and Labrador whose collection consists of approximately 400 books and 35 journals; and the Nova Scotia Commission on Drug Dependency Library with approximately 1,300 books and 70 journals. The alcohol and drug publications for the Addiction Services of Prince Edward Island are housed in the province's legislative library, while the materials for the Yukon are included in the province's Department of Human Resources collection. Specific information about alcohol and drug information collected in the Northwest Territories or in Quebec at the provincial government level is unavailable, because neither is a member of the Substance Abuse Librarians and Information Specialists Network nor did either respond to a questionnaire sent out by the Addiction Research Foundation Library to elicit information on other provincial substance abuse collections in Canada. However, two other collections of alcohol and drug materials exist in Quebec. The library of La Maison Jean Lapoint has a collection of approximately 600 books and 35 journals. Their policy is to try to collect materials in French from all the Francophone countries. This is also the policy of the library at Domremy-Montreal which holds approximately 5,000 books and 100 journals pertaining to substance abuse.

In addition to the books and journals housed in the substance abuse libraries, other important materials that are not found in traditional catalogues are also collected. These include listings of resource people and organizations in the field of addictions, listings of community programs, and other types of information pertinent to situations in the provinces.

The creation of a national database of alcohol and drug information is an exciting prospect for Canada. Just its announcement has contributed to the development of improved dissemination of alcohol and drug information. The librarians of the alcohol and drug libraries by coming together to discuss the database also have had an opportunity to discuss common problems, such as the lack of access to each other's agency publications and collections, and the need for a common thesaurus. With the actual creation of a national database, the dissemination of alcohol and drug information will only continue to improve.

References

Canada. Commission of Inquiry into the Non-Medical Use of Drugs. (1973). *Final report of the Commission of Inquiry into the Non-Medical Use of Drugs.* Ottawa: Information Canada.

Canada. House of Commons. Standing Committee on National Health and Welfare on Alcohol and Drug Use. (1987). *Booze, pills & dope: Reducing substance abuse in Canada.* Ottawa: Queen's Printer.

MacLennan, Anne. (1987). Drug strategy set for global debut. *The Journal*, 16(6), 1-2.

Concluding Remarks

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Over the past three days, we have listened to a number of speakers discuss the present and future role of the information profession in the alcohol and drug field. The papers have presented new concepts and concrete strategies. There were common threads among many of the suggestions: international cooperation; better information exchange; a call for advocacy. And, to keep the symposium lively, we've had a few renegade strategy suggestions. Renegade not in the negative sense, but in the sense of stirring up the pot; encouraging us to reach beyond the usual; to start to work towards practical solutions to complex problems.

Several presenters have called for a more systematic approach to information exchange and for better access and distribution of publications. Government reports and the fugitive literature have been singled out as needing our attention. Other calls have been made for international cooperation and the necessity to address the needs of developing countries. Three specific strategies have been suggested: support to information centres in developing countries through a possible twinning mechanism; the development of a how-to manual to assist in the establishment of information centres or clearinghouses in developing countries; and an international cooperative information system. To these I would like to add the need to investigate and secure national and international agencies to fund representatives from developing countries to attend future SALIS meetings.

Penny Page stated "the responsibility is ours to push for the tools we need to fuel the rest of the field." Linda Scott, in addressing how we start the massive undertaking of an international cooperative information system, said: "We start by educating our own agencies and governments and gaining the support of high level officials who have the influence to effect change." I agree. We must adopt a strong advocacy role. We must take a much stronger position in promoting our expertise to the rest of the field. We must learn to recognize opportunities and to act on them. We must develop a plan of action to present our ideas and our requirements to the rest of the field.

In the upcoming SALIS business meeting, we will be voting on resolutions which have come out of this symposium. This is the first step in translating the intangible into practical results.

Appendix

Appendix

Resolutions

The following resolutions were passed at the SALIS business meeting on November 6, 1987:

1 SALIS will continue to assume a leading role in the international exchange of information in the alcohol and drug field. To this end, SALIS supports the need to systematize the international exchange of information. SALIS recognizes the importance of the consideration of the information needs of developing countries in this endeavor.

2 SALIS will actively pursue the support and collaboration of national and international agencies to ensure a systematic method of information exchange is established.

3 SALIS will continue to campaign actively to increase its network, particularly with respect to representatives from developing countries.

4 SALIS will adopt a strong advocacy position and will lobby to raise the awareness of the other sectors (policy; treatment; prevention; education; research) to ensure adequate attention is given to the needs of the information sector.

Projects

The following projects were formulated at the SALIS business meeting:

Short Term Projects:

1 SALIS will produce a "how-to" brochure for the establishment of alcohol and drug information centres in developing countries.

2 SALIS will develop a conceptual framework for a "twinning" arrangement which would provide a mechanism for libraries in developed countries to provide assistance to information centres in developing countries.

3 SALIS, in partnership with WHO, will distribute WHO publications, catalogues and materials that pertain to alcohol and drugs.

4 SALIS will expand membership by inviting special interest groups to be formed in Australia, South Pacific and Southeast Asia.

5 The Canadian Special Interest Group (SIG) of SALIS will make a formal recommendation for a national information system to the Canadian National Drug Task Force.

Long Term Projects:

1 A model will be developed for a cooperative international information system for the fugitive

literature in the field of alcohol and drugs. Special consideration will be given to developing countries in the creation of this model.

2 A thesaurus committee was established. The long term goal of the committee will be to develop a comprehensive alcohol and drug thesaurus.

Information is essential for successful policy development and program implementation. Substance Abuse Librarians and Information Specialists met in November 1987 to explore mechanisms for improving the international exchange of information. In particular, they discussed the information needs of developing countries and the problems of accessing agency-based studies and reports.

Recorded in these proceedings are the keynote address, major papers, panel presentations and discussions. These will be of interest to researchers, policy makers, program planners, prevention and treatment practitioners, librarians and information specialists.

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